

National Action Alliance Summer Webinar – Addressing Violence in the Workplace Chat Conversations, June 27, 2023

from Jade Perdue to everyone: 1:51 PM

Welcome to the second call of the National Action Alliance Summer Webinar Series on Addressing Workplace Violence.

from Jade Perdue to everyone: 1:53 PM

We will begin shortly, this call is being recorded for replay. Both the slides and the replay will be made available after the call on the National Action Alliance website.

from Jade Perdue to everyone: 2:03 PM

PFAC - Patient and Family Advisory Committee/Council

from Jade Perdue to everyone: 2:19 PM

What are the two types of workplace violence in the healthcare industry?

from Jade Perdue to everyone: 2:19 PM

Feel free to enter your responses here.

from Jade Perdue to everyone: 2:30 PM

What is your #1 take-a-way from the presentation and how does that track with your own observations/experience?

from Cammie Chaumont Menendez to everyone: 2:32 PM

We are post-emergency but still in pandemic phase.

from Lisa Tesdall to everyone: 2:41 PM

I support safety in the ambulatory clinics. Most of your data is seems focused on inpatient sites. We have seen an increase in WPV in person, on the phone and now verbal threats electronically via their patient portal. We have implemented several WPV tools the past year including three part de-escalation training, Broset' Violence Checklist in the hospital with handoff to clinics when discharged for follow up. Leader follow up after a workplace violence event including several resources, reporting tool improvements, etc. This chat will not allow me to enter to the group.

@Tyler what does code SWARM stand for?

from Donna Zankowski to everyone: 2:42 PM

Thank you Tyler for highlighting that patient and worker safety are equally important, and there cannot be one without the other

from Stephen Cuthbertson to everyone: 2:42 PM

Are you willing to share your Screening for Violence tool?

from Samantha A, she/hers to everyone: 2:43 PM

Broset Violence Checklist: <https://www.risk-assessment.no/files/bvc-versions/BVC%20English.pdf>

from Amy Harrison to everyone: 2:43 PM

We utilize Welle de-escation training and have updated our EMR to allow our staff to actively track what level a patient is on the Red Scale (tool that helps us use the same language when describing behavior).

from Kimberly Baker to everyone: 2:43 PM

Fantastic! Have either speaker used an eRecord "flag" if patient's have a history of violence?

from Tom Gormley to everyone: 2:43 PM

Chat was not available earlier. My #1 takeaway from Cammie's portion was WPV incidents increased during the pandemic, which we have seen at our small hospital.

from Gretchen- BMC to everyone: 2:43 PM

Not a surprise that psych tech and NA are highest at risk, they are asked to sit 1:1 with patients at risk for violence.

from Michele M Streeter to everyone: 2:43 PM

I am very interested in learning about options for deescalation training in an outpatient setting

from Anya Even to everyone: 2:43 PM

With so much great information shared will the slides be made available to meeting participants following this Webinar?

from Donna Zankowski to everyone: 2:43 PM

To answer an earlier question re is WPV decreasing now that pandemic is "over" - answer - NO. The factors that made WPV worse have not improved, staffing still terrible, etc.

from Teresa to everyone: 2:43 PM

I like the idea of building in the screening in EMR.

from Lindsey Jasinski to everyone: 2:43 PM

agree, would love to have the slides to share with staff!

from Julie Thomas to everyone: 2:43 PM

It is now working! :) My #1 takaway was the creation of the Behavioral Health Team that they created for f/u with staff post event. This runs consistently with how we are handling them....our team is called the Hope Team.

from Teresa to everyone: 2:44 PM

Do we have any information specific to outpatient, clinic settings

from Jade Perdue to everyone: 2:44 PM

Yes, slides and the audio replay will be made available on the National Action Alliance website after the call.

from Dr. John Richard-Afuwajomo to everyone: 2:44 PM

I am interested available free workplace prevention training or courses

from jennifer misajet to everyone: 2:44 PM

The Real-Time response is so important to offer support and identify risks in real-time-

from Ben to everyone: 2:44 PM

What frame work are you building your WPV around? (MOAB, CPI, HWC, etc.) Do you teach physical skills (escapes from grabs, and strike mitigation, etc.) to your caregivers?

from Julie Weegman to everyone: 2:44 PM

decreasing the use of 1:1 with patients who are aggressive/assaultive key and we are working on this

from Lindsey Vogelmann to everyone: 2:45 PM

Can you share the signage you used?

from Bill Schueler to everyone: 2:45 PM

What Tyler is presenting is, in my opinion, the industry standard for violence prevention. It requires a system's approach to a significant problem.

from Gretchen- BMC to everyone: 2:45 PM

Love including leadership in the escalating patient early on.

from Lesa Anderson to everyone: 2:45 PM

Excited about the WPV training available through NIOSH /CDC

from Jen Murphy to everyone: 2:45 PM

What was the screening tool?

from Laurie Gerdt to everyone: 2:45 PM

Interested in seeing your Code of Conduct, most I have seen lay out what NOT to do versus how to act.

from Amy Harrison to everyone: 2:45 PM

Our emergency room provides gun locks to families that indicate they have firearms in the home. I think this is such a beautiful opportunity to educate and protect our community.

from Casey Blalock, CHCO to everyone: 2:45 PM

How do you avoid stigmatization with tools like Broset or OAS?

from Tom Gormley to everyone: 2:46 PM

our ED is most affected. We have a 55-yo male with severe dementia waiting for an outside bed for 15+ days, who is violent daily causing several staff injuries

from TEMIELA to everyone: 2:46 PM

we have implemented a patient code of conduct

from Lara Burks to everyone: 2:46 PM

Is there any different EHR evaluation for ambulatory settings? There seems to be an increasing incident of violence in the ambulatory care areas.

from mike to everyone: 2:46 PM

Do you have state laws identifying acts that are unlawful and stating penalties?

from Bill Schueler to everyone: 2:46 PM

Providence in Oregon has mostly the same interventions and program as what Tyler is presenting.

from Jade Perdue to everyone: 2:46 PM

@ Julie Thomas, I love the "Hope Team"

from Julie Weegman to everyone: 2:46 PM

very interested in patient/visitor/guest code of conduct, has anyone seen enefits of this in terms of data

from Wendy Mickelson to everyone: 2:46 PM

@Julie Weegman - would love to know more about decreasing use of constant observers

from Bill Schueler to everyone: 2:46 PM

@ Jen - the schreening tool is the Broset Violence Checklist.

from Alexis Steingrubey to everyone: 2:46 PM

@Temiela - what does your patient code of conduct look like?

from Rhonda Dickman to everyone: 2:46 PM

Service dogs have been tremendously helpful with de-escalation.

from Melanie Crockett to everyone: 2:46 PM

I'm wondering what folks are using as their code announcements. Colors? Code Red, blue? Or code "safety", or codes "person with a weapon"?

from sharon hedgecock to everyone: 2:46 PM

we are starting a CARE Team as peer support for WPV events

from Bridget Evans to everyone: 2:46 PM

That's a therapy dog - very different than service dog

from sharon hedgecock to everyone: 2:47 PM

we use code green for disruptive behavior

from TEMIELA to everyone: 2:47 PM

also, all staff trained in CPI nonviolence crisis intervention.

from Linda Bergonzi-King to everyone: 2:47 PM

Thank you for these presentations. I coordinate the WPV efforts for a large health system in the Northeast. We utilize Broset and also have WPV committees throughout our system. Is anyone looking at the patient/visitor "perpetrators" and educating them about WPV? Most in the public do not know this even occurs in our healthcare settings. Other than posters, does anyone use public forums to bring this conversation to the general public?

from Samantha A, she/hers to everyone: 2:47 PM

I am a huge fan of CPI

from Lisa Tesdall to everyone: 2:47 PM

Michelle Streeter we trained all team members/providers in the clinics. Anyone, as they may encounter a patient. There were three levels of training. If not providing direct care they had a lesser level. More of an awareness. Outpatient BH sites may implement MOAB or CPI-they are discussing still.

from Amy Harrison to everyone: 2:47 PM

It's really important that the flags we start to utilize in the EMR to identify patients at risk of aggression doesn't lead to bias

7from Julie Weegman to everyone: 2:47 PM

we use technology-video safety assistants, cameras and audio as well as elopement prevention alarming systems

from Diana Tolles to everyone: 2:47 PM

We use code "violet" for "violence"

from Laura Duncan to everyone: 2:47 PM

service dogs as a de-escalation tool would be great for our pediatric environment...would love to learn more about how to stand up such a program

from jennifer misajet to everyone: 2:47 PM

@tom gormley- you are so right on the ED long length of stay for placement - I have used a placement escalation team (PET) strategy to ensure we are actively addressing the ED stay and attempts for placement

from Amy Harrison to everyone: 2:47 PM

Welle training has been an amazing training that we use at our institution.

from Tom Gormley to everyone: 2:47 PM

do you think CMS will require any time soon that all EDs have a physically separate area for BH patients?

from Ben to everyone: 2:48 PM

Code grey for disruptive visitor, Code Silver for active assailant.

from Bill Schueler to everyone: 2:48 PM

Providence Oregon and multiple health systems in Oregon have dedicated Violence Prevention Program Managers. This should become standard as well.

from Diana Tolles to everyone: 2:48 PM

we use code silver for a "shooter"

from Amy Harrison to everyone: 2:48 PM

@Bill Shueler, totally agree that there needs to be dedicated managers for these efforts

from Bill Schueler to everyone: 2:48 PM

It's hard to do violence prevention when it is "other duties as assigned". A dedicated position (program manager) can help move the program forward.

from Kendra to everyone: 2:48 PM

@Wendy Mickelson Swarm is process for rapid RCA. Interdisciplinary team will "swarm" quickly after event and conduct RCA. <https://pubmed.ncbi.nlm.nih.gov/26484681/>

from Gretchen- BMC to everyone: 2:49 PM

BMC added CHIPS just after our in-person daily safety huddle. Challenging patients. Leaders coordinate resources to support the needs of those patients and the staff in those areas.

from Wendy Mickelson to everyone: 2:49 PM

thank you Kendra

from Casey Blalock, CHCO to everyone: 2:49 PM

I'm interested in learning what other organizations are doing with de-escalation training; do you have a requirement for how often it must be completed? If you only have an annual requirement, do you drill/practice more often? If a team member doesn't seem to be able to perform the foundational de-escalation techniques, do you remove them from caring for pts who may escalate until they can demonstrate competency?

from Heather Andersen to everyone: 2:49 PM

Providence Alaska also has a dedicated Program Manager for Violence Prevention.

from jennifer misajet to everyone: 2:49 PM

We can not normalize WPV

from Rhonda Dickman to everyone: 2:49 PM

@Laura Duncan - Feel free to contact me at rdickman@tha.com and I can help connect you with a Tennessee hospital or two who have service dogs.

from Donna Zankowski to everyone: 2:49 PM

Agree with Tyler, WPV program must have a leader that has ability to implement change, has a budget, etc.

from mike to everyone: 2:49 PM

Have you examined opportunities to partner with law enforcement Critical Incident team or crisis reduction through hostage negotiation training>

from Cammie Chaumont Menendez to everyone: 2:50 PM

Unfortunately that is also one of the barriers to reporting - 'it's part of the job'

from Suellyn to everyone: 2:50 PM

Any training directed specifically towards veterans and their unique needs?

from Lisa Tesdall to everyone: 2:50 PM

I also give quarterly WPV report out for the clinics and we are monitoring our work implemented over the past couple of years by the questions we added to the AHRQ patient safety survey.

from Linda Bergonzi-King to everyone: 2:50 PM

@Casey: We use CPI's Prevention First. All 30,000 employees have this as a mandatory, yearly online course.

from Christine Wolff to everyone: 2:50 PM

That was our motto for our WPV initiative "Not part of your job". It was the slogan on our posters!

from Linda Bergonzi-King to everyone: 2:50 PM

Our slogan is: Know Safety; No Violence

from Bill Schueler to everyone: 2:50 PM

Public policy and advocacy is another consideration for violence prevention efforts.
<https://www.congress.gov/bill/118th-congress/house-bill/2663>

from jennifer misajet to everyone: 2:51 PM

We also need to recognize that this is happening with increasing frequency in ambulatory/clinic settings where security and other resources may be extremely limited or non-existent

from Beth Ann Terrio to everyone: 2:51 PM

we include direct comments from staff on our report outs. It is important to understand the event behind the numbers. It has had a great impact on awareness and resources

from Amy Harrison to everyone: 2:51 PM

@Linda B-K: I love your slogan!!!

from Lesa Anderson to everyone: 2:51 PM

WOW..... so many responses. Definitely an issue and concern for all

from Buesing, Chris to everyone: 2:51 PM

We are a regional hospital in Kansas and we use VAAC just like Tyler is using Broset. Is anyone else using VAAC? It works really well

from Bill Schueler to everyone: 2:51 PM

<https://www.congress.gov/bill/118th-congress/senate-bill/1176>

from Tiffany Kick, RN to everyone: 2:51 PM

Does Trinity Health have anything established in regards to Home Care?

from Casey Blalock, CHCO to everyone: 2:51 PM

@Christine Wolff; I love your slogan!

from sharon hedgecock to everyone: 2:51 PM

abrat is what we are going to use

from Ben to everyone: 2:51 PM

I really like CPI's deescalation, but I'm not so keen on their physical skills side of things... Might have to give it another look..

from Melanie Crockett to everyone: 2:52 PM

I love that slogan! BH hospital-"what did you expect? It's where you work." Not OK.

from Patti Ellis to everyone: 2:52 PM

It's unfortunate that recent federal laws on workplace violence impact only hospitals and do not extend to physician office practices.

from Wendy Mickelson to everyone: 2:52 PM

We went from CPI to MOAB for de-escalation

from tom peterson to everyone: 2:52 PM

Yes many efforts in Home Care Can discuss after meeting

from Cammie Chaumont Menendez to everyone: 2:52 PM

Thank you, yes, I couldn't present on ambulatory/clinic setting due to incomplete inconsistent data for some years but there are certainly some trends there as well. Would be happy to share.

from Kimberly Baker to everyone: 2:53 PM

@Melanie - We have a Condition Support at my organization

from Amy Harrison to everyone: 2:53 PM

When there is a WPV Program manager, do they also oversee the Type 3 incidents or does it go to HR?

from Lynda Enos to everyone: 2:53 PM

Tyler - have you adapted the Broset tool as its family time intensive in tis full form and are you tracking accuracy of the tool to predict patient violence?

from Wendy Mickelson to everyone: 2:53 PM

MultiCare is using the VAAC,

from tom peterson to everyone: 2:53 PM

We are working on the Broset scoring and how it flows to the ambulatory setting as we speak.

from Christine Wolff to everyone: 2:53 PM

@ Melaine Crockett - we use code violet for violence and code silver for a person w/ a weapon

from Hunt, David R. (OS/ONC) to everyone: 2:53 PM

Do PSOs collect workplace violence in healthcare settings? Are there elements in the Common Formats to document violence?

from Bill Schueler to everyone: 2:53 PM

One of our ministries in Oregon is trialing the DASA (Dynamic Appraisal of Situational Aggression).

from Laurie Gerdt to everyone: 2:53 PM

Maryland Patient Safety Center taught RISE resiliency in stressful evetns developed by Johns Hopkins

from Wendy Scholbrock to everyone: 2:54 PM

Camme, Forgive me if I didn't catch it..... did you see any data improve when including ED violence? Did reporting increase or violent incidents change?

from Kimberly Baker to everyone: 2:54 PM

Connection after the event to additional resources is critical. We also use CISM at my organization with great success.

from Buesing, Chris to everyone: 2:54 PM

Our hospital in Kansas has seen a decrease in injuries due to WPV with the implementation of our patient flagging system in connection to the use of the VAAC. We also have a poster and Security involved and rounding based on the flags. I have been sharing our story where but looking for aother avenues to share our success stories. Any recommendations?

from David Shore to everyone: 2:54 PM

Terrific questions/responses. Is there an online community where these questions/responses can be shared beyond this webinar? Is there a LinkedIn group for healthcare WPV?

from Bill Schueler to everyone: 2:54 PM

I don't think PSOs collect WPV data - as far as I'm aware.

from Alexandra Christgen to everyone: 2:54 PM

PSO common formats do not currently include wpv.

from Andrea Timashenka to everyone: 2:54 PM

@David Hunt, we don't have related elements in the Common Formats... at least not yet. :)

from Scott Christensen to everyone: 2:54 PM

I have tried to push a "zero tolerance" attitude where I work, but some leaders at our mental health hospital suggest it does not apply to them, given their patient's ability to control their behavior. Again, normalizing the behavior. How to you push through this attitude when leaders have somewhat legitimate reasons to excuse the behavior?

from tom peterson to everyone: 2:54 PM

Once we have the system dashboard designed we can share the data points and metrics with all

from Melanie Crockett to everyone: 2:54 PM

We have engineered our own BRO after using various programs, MOAB included. It seems to be working well. However, given our patient population, assaults do still happen.

from Donna Zankowski to everyone: 2:54 PM

More research needs to be done on the physical restraint training. Some programs prohibit some "holds" but each WPV program prohibits something differant. None are actually safe for patients and

workers, and they should be more scientifically assessed for effectiveness and safety - yet we train workers to do these holds and expect them to work

from Lynda Enos to everyone: 2:54 PM

Information about OSHAs efforts re a WPV standard - it would apply to nearly all HC settings
<https://www.osha.gov/workplace-violence/sbrefa>

from Bill Schueler to everyone: 2:55 PM

In addition to CISM, we are developing a peer support program. The literature suggests that nurses prefer to talk with fellow nurses.

from Maria Orsini to everyone: 2:55 PM

I calculated the % of lost reduction and it is 7.3% so I am not understanding the reason for decreasing total cost about 1 million dollars- about 50% reduction. Can you explain, Thanks

from Linda Bergonzi-King to everyone: 2:55 PM

We also have established a Peer Support Network. It's been very effective across our 5 hospitals.

from Andrea Timashenka to everyone: 2:55 PM

If anyone would be interested in adding such data elements/module to the Common Formats, please feel free to reach out to me.

from Laurie Gerdt to everyone: 2:55 PM

You can zero tolerance towards incivility as there are violent behaviors that are a result of their medical condition.....

from Alexandra Christgen to everyone: 2:55 PM

Lots of organizations are using the workplace safety questions with questions about violence between patient and staff, staff and staff, etc

from Cammie Chaumont Menendez to everyone: 2:56 PM

Emotional intelligence training will also cover the importance of empathy and how to strengthen your empathy.

from Amy Harrison to everyone: 2:56 PM

We purposely don't use the language "Zero Tolerance" as we actually tolerate quite a bit of behaviors (and can't simply kick patients out). We use: behaviors will be addressed. We found that using "zero tolerance" created a perception with our staff that a patient would be removed from the facility.

from mike to everyone: 2:56 PM

May I suggest that the CISM programs be the complete program of pre-incident education, effective event response, and effective follow-up, rather than an isolated group 'debriefing' event.

from Bill Schueler to everyone: 2:56 PM

There's a lot of caveats to using "zero tolerance" - essentially, healthcare can not enforce zero tolerance.

from tom peterson to everyone: 2:56 PM

As you limit serious injuries per WPV efforts, the lost days are decreased, hence worker comp costs But still promoting more reporting of all incidents

from Amy Harrison to everyone: 2:56 PM

Furthermore, I believe the "zero tolerance" bullying campaign wasn't successful

from Amy Harrison to everyone: 2:56 PM

in schools

from Marty Hatlie to everyone: 2:56 PM

Thx Linda B-K for the comment on peer support. Good to hear!

from Joyce Young to everyone: 2:56 PM

Thanks to all!

from Bobby Hawkins to everyone: 2:56 PM

We recently provided Critical Incident Mitigation for Healthcare for our leadership team and others that addressed some of these concepts as well as planning for significant and critical incidents. The class was delivered by a retired FBI Agent and CIA Operations Officer. They discussed how to identify certain threatening characteristic traits prior to the onset of a WPV incident, and strategies used to deescalate to potentially reduce these events. Please let me know if you would like additional information Robert.Hawkins@samc.com.

from Julie Brott to everyone: 2:56 PM

@ Amy Harrison - that is what we are dealing with also with our code of conduct. How to communicate with staff that we cannot just "kick" the violent patient out.

from Lara Burks to everyone: 2:57 PM

Patti Ellis - agree 100%

from p38m38 to everyone: 2:57 PM

Thank you all

from Scott to everyone: 2:57 PM

Thank you, great stuff.

from Bill Schueler to everyone: 2:57 PM

Thank you all!

from Dr Denise Braithwaite-Tennant to everyone: 2:57 PM

Thank you and informative

from Jeff Markley to everyone: 2:57 PM

Great topic and speakers provided insightful information. Thank you ALL!

from Hayat Freeman to everyone: 2:57 PM

Thank you.

from Samantha A, she/hers to everyone: 2:57 PM

Thank you!

from Alexandra Christgen to everyone: 2:57 PM

Good info today - thanks!

from Lesa Anderson to everyone: 2:57 PM

Thanks

from Brittney Hinds to everyone: 2:57 PM

Thank you

from susan ayers johnson to everyone: 2:57 PM

Thank you so much from trinidaf

from Meschell Anderson to everyone: 2:57 PM

Thank you!

from Kristi Haas to everyone: 2:57 PM

Thank you!!

from Lisa Tesdall to everyone: 2:57 PM

Thanks!

from Lindsey Vogelmann to everyone: 2:57 PM

Thank you

from Monica Bais to everyone: 2:57 PM

Thank you!!

from Teresa to everyone: 2:57 PM

Thank you

from Lisa Richardson to everyone: 2:57 PM

Thank you!

from Heather Andersen to everyone: 2:57 PM

Thank you!

from Tiffany Kick, RN to everyone: 2:57 PM

Thank you.

from Linda Bergonzi-King to everyone: 2:57 PM

Thank you for a wonderful webinar

from Cheryl Williams to everyone: 2:57 PM

Thank you!

from Nancy Kupka to everyone: 2:57 PM

Thank you

from Rhode Jeanniton to everyone: 2:57 PM

thank you so much

from Wendy Scholbrock to everyone: 2:57 PM

GREAT INFORMATION!

from cathy cardillo to everyone: 2:57 PM

thank you

from Suellyn to everyone: 2:57 PM

Thank you everyone.

from Myra DW West to everyone: 2:57 PM

Thank you!

from Amanda Kutz to everyone: 2:57 PM

Thank you! Wonderful!

from Emily Swank to everyone: 2:57 PM

Thank you!

from Bobby Hawkins to everyone: 2:57 PM

Thank you

from Wes to everyone: 2:57 PM

THis was great

from Donna Cohen- Alliant Health to everyone: 2:57 PM

Thank YOU so very much!

from tom peterson to everyone: 2:57 PM

Thanks all!

from Wes to everyone: 2:57 PM

Good job tyler

from Simit Pandya to everyone: 2:57 PM

Will a recording of this meeting be posted online?

from Julie Brott to everyone: 2:58 PM

Great information!

from Simit Pandya to everyone: 2:58 PM

Thanks!

from Nicole Headley to everyone: 2:58 PM

Thank you!

from Shelly Braden to everyone: 2:58 PM

Thank you, very informative and appreciated!

from Melanie Crockett to everyone: 2:58 PM

Thank you! I wish it was longer!

from Joyce to everyone: 2:58 PM

Thanks so much!

from Wendy Mickelson to everyone: 2:58 PM

is there contact information for presenters?

from Simit Pandya to everyone: 2:58 PM

Will the presentation(s) be posted online?

from Cammie Chaumont Menendez to everyone: 2:58 PM

cmenendez@cdc.gov

from Denise Picard to everyone: 2:58 PM

Thanks everyone

from Jeane Garcia Davis to everyone: 2:58 PM

Excellent, thank you so much!

from Pam Tran (privately): 2:59 PM

I was not able to text before. Can you remind me how to get copy of the slides

from Therese to everyone: 2:59 PM

I would love to get copies of the presentations to share with our organization. Thank you for a GREAT presentation.

from Suellyn to everyone: 2:59 PM

How would I obtain this information?

from Christine Wolff to everyone: 2:59 PM

Thank you!

from Denise S to everyone: 2:59 PM

JDenise@live.com for distribution of presentation. Thank you!

from Brandi Hall to everyone: 2:59 PM

Thank you!

from Simit Pandya to everyone: 2:59 PM

Perfect. THanks Melissa and everyone!

from Carolyn Byrnes to everyone: 2:59 PM

yes - would love to get the slides. thank you!

from Mikette Been to everyone: 2:59 PM

Excellent presentations. Thank you

from Pam Tran to everyone: 2:59 PM

Thank you for the great presentation.

from Melanie Crockett to everyone: 2:59 PM

Thank you so much for the slides, etc.

from Jeane Garcia Davis to everyone: 3:00 PM

Also, any discussion of how to address when health workers also experience this in the community (including online), not only in the health care settings would be wonderful to hear more about!

from David Shore to everyone: 3:00 PM

Can you create a doc with the comments to save them?

from Chantel Hicks to everyone: 3:00 PM

Thank you