Workplace violence prevention

in the 2017/18 Quality Improvement Plans

Health Quality Ontario

Let's make our health system healthier

Ontario
Health Quality Ontario

About Us

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians**.

Who We Are.

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

What We Do.

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

Why It Matters.

We recognize that, as a system, we have much to be proud of, but also that we often fall short of being the best we can be. Truth be told, there are instances where it's hard to evaluate the quality of the care and times when we don't know what the best care looks like. Last but not least, certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better… has no limit.

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Introduction

The issue of workplace violence is an important priority for quality improvement in Ontario.

Workplace violence may originate from anyone a worker comes into contact with in their workplace, such as a patient or their caregiver/family member, a coworker, an employer, or a supervisor. The person may also be someone with no formal connection to the workplace, such as a domestic/intimate partner.[1] There is increasing recognition that when we discuss safety as one of the six dimensions of quality (as outlined in Quality Matters, our plan for health care quality), we must also include worker safety in this discussion.

In recognition of this important issue, Health Quality Ontario asked organizations in the hospital, primary care, long-term care, and home care sectors to address the topic of staff safety and workplace violence in their 2017/18 Quality Improvement Plans (QIPs). The purpose of this report is to highlight organizations' efforts to address workplace violence as described in their 2017/18 QIPs. Through this report, we hope to share ideas and tools among organizations, and to inform work that is currently ongoing to address this issue in health care overall – for example, by identifying areas where more support could be provided or knowledge translation needs to occur.

Addressing workplace violence prevention in the 2017/18 QIPs

The data used in this report were generated from 1,031 QIPs submitted by 1,071 health care organizations across Ontario on April 1, 2017.* The QIPs are an opportunity for organizations to commit to a set of quality improvement objectives, formalize their improvement activities, and describe precisely how they will achieve these goals. Organizations that submit QIPs include hospitals, long-term care homes, interprofessional team-based primary care organizations, and local health integration networks (LHINs) (which have assumed the role of administering home and community care services from community care access centres as of July 2017).

In the 2017/18 QIPs, the subject of workplace violence prevention was introduced in the form of a free-text section on Staff Safety & Workplace Violence in the QIP Narrative, with the following instructions:

> *"Describe what steps your organization is taking to monitor, reduce, and prevent workplace violence."*

In addition to these free-text responses, some organizations also added specific indicators to track their performance on measures related to workplace violence prevention. Although an indicator related to workplace violence is now mandatory for the hospital sector moving forward, this was not the case in the 2017/18 QIPs.

* Organizations in different sectors that share a common board of directors (e.g., long-term care homes or primary care organizations associated with hospitals) are able to submit a single multi-sector QIP. A total of 31 multi-sector QIPs were submitted in 2017/18.

As you read this report, it is important to note that it is based on only the information that was submitted to Health Quality Ontario in the 2017/18 QIPs. The question in the QIP Narrative was not mandatory, and organizations were not provided with specific instructions beyond the topic and question described above. **Therefore, many organizations may not have described the full extent of their work to address workplace violence in their QIPs.**

Some organizations described their work in the context of their overarching workplace safety programming, and some organizations reported that they are fulfilling legislated requirements (e.g., having a Joint Health and Safety Committee) rather than providing specific descriptions of the initiatives they are working on. Some of these organizations may also be in the early stages of applying a quality improvement lens to workplace violence prevention and reporting on activities from this perspective. Organizations may also still be building the important connections between staff members involved in quality improvement and those involved in workplace violence prevention or occupational health and safety.

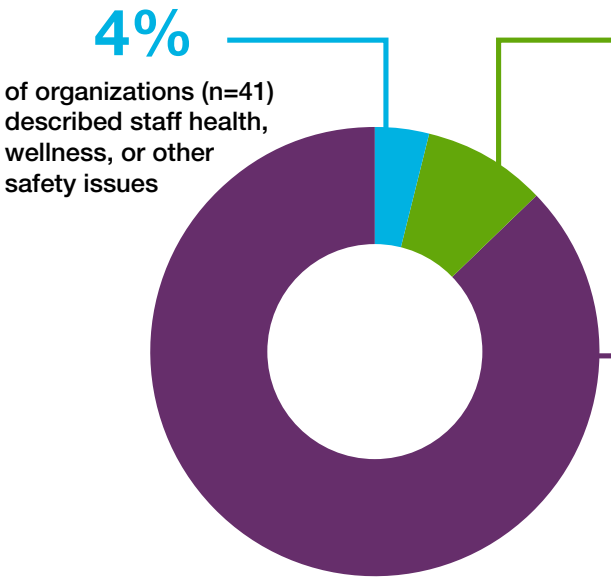
Examples highlighted in this report reflect the diversity seen in the QIP submissions from different health care sectors, organizational model types, and geographies.

We encourage all organizations to include detailed information about their quality improvement work to address workplace violence in future QIP submissions. We also encourage you to reach out to organizations featured in this report to ask for more information on their initiatives.

Results

Of the 1031 QIPs submitted, how many addressed workplace violence prevention?

In the Staff Safety & Workplace Violence Prevention section of the QIP Narrative…



4%

of organizations (n=41) described staff health, wellness, or other safety issues

9%

of organizations (n=97) included minimal comments or no comments related to workplace violence

87%

of organizations (n=893) addressed workplace violence prevention

- 93% of hospitals
- 86% of primary care organizations
- 85% of long-term care homes
- 100% of home and community care organizations
- 90% of multi-sector organizations

In the Workplan section of the QIP…

A total of **15** organizations submitted **17** indicators related to workplace violence

- 13 hospitals included a total of 15 indicators
- 2 long-term care homes included a total of two indicators

Themes in the workplace violence prevention content in the QIPs

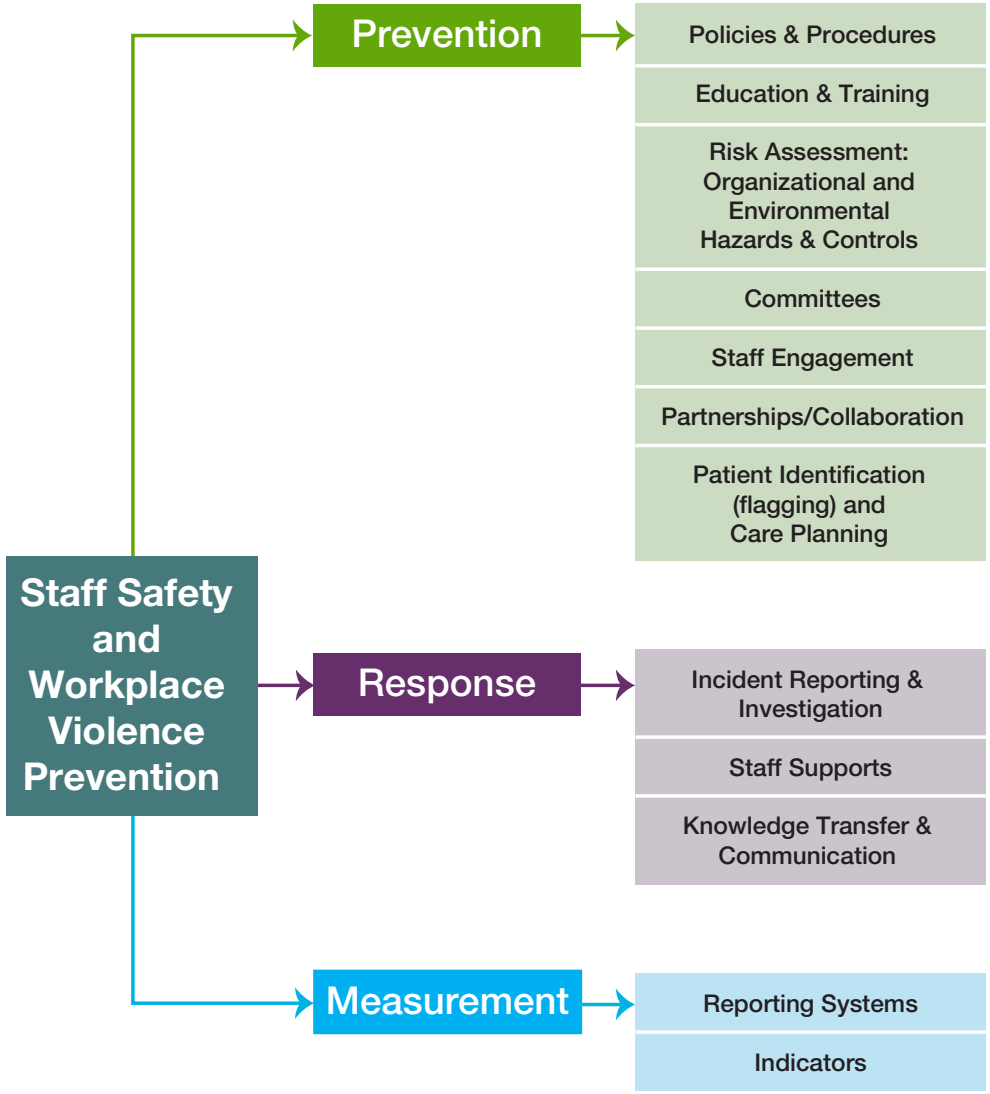
We conducted a qualitative analysis of all of the content related to workplace violence prevention in the 2017/18 QIPs (derived from both the Narrative and Workplan sections). Many of the strategies that organizations are implementing fall into one or more themes; however, they were assigned to the theme that best aligned with the description provided by the organization.

We identified three major themes related to workplace violence prevention:

1. **Prevention** of workplace violence
2. **Response** to workplace violence
3. **Measurement** of workplace violence

Figure 1 shows a map of these themes in detail from most to least frequent. Each of these themes are discussed in more detail below.

Figure 1. Summary of the overarching themes arising from the analysis of content related to workplace violence prevention in the 2017/18 QIPs



Theme 1 Prevention

There are legislated requirements related to addressing workplace violence. Many organizations across Ontario are going above and beyond these requirements, and consider prevention of workplace violence as a strategic priority that is critical to fostering a culture of safety and quality of care. We identified seven different groups of prevention strategies described in the 2017/18 QIPs; these are presented from most frequently cited to least frequently cited below.

Policies or procedures

Having well-defined, visible policies and procedures developed collaboratively by leadership and in consultation with the Joint Health and Safety Committee and front-line staff are key to creating a culture of workplace safety. These policies and procedures demonstrate organizations' commitment to protecting workers from violence. All stakeholders must have a common understanding of their roles and responsibilities in reducing workplace violence.

More than 60% of organizations mentioned policy and procedures in their 2017/18 QIP Narratives. A few also noted the frequency with which policies are updated.

Commonly mentioned policies and procedures include:

- Violence and Harassment Policy
- Behaviour Alert Policy
- Whistleblower
- Zero tolerance for violence
- Employee Code of Conduct Policy
- Intimate Partner/Domestic Violence Policy
- Family Presence Policy
- Respectful Workplace Policy
- “No one works alone” policy

Southlake Regional Health Centre

Southlake Regional Health Centre reported that their leadership has articulated a zero tolerance for workplace violence, and they have corporate-level reporting and monitoring of incidents through their corporate workplace violence scorecard. Their executive team also engages in regular walkabouts with key questions for senior leadership being asked during visits to the units. This promotes discussion of issues related to safety with staff, allows front-line perspectives to be heard, and demonstrates leadership commitment to action.

Chatham-Kent Health Alliance

To demonstrate the organizational commitment to stop workplace violence to staff, all incidents of workplace violence are reported to the Chief Executive Officer (CEO) of Chatham-Kent Health Alliance. A personal call from the CEO is made to the employee who experienced the violence to discuss the incident, ensure the employee feels supported, and discuss ideas of how to reduce the risk of similar incidents happening in the future.

Education and training

Appropriately trained and educated staff members are aware of potential hazards and how to use established policies, measures, and procedures to protect themselves and their coworkers. This knowledge and skill development helps to not only ensure a safe working environment, but also enables staff to provide the best care to their patients. The Workplace Violence Prevention in Health Care Leadership Table recommended that workplace violence prevention education should be delivered in a way that adequately protects all employees against common risks, while recognizing that some staff working in certain environments and roles may require more specialized training. The varied scope of educational initiatives reflects the broad range of issues within health care that could result in workplace violence.

In the 2017/18 QIPs, it was clear that education and training were an important focus for organizations. This was the second most frequently cited strategy to prevent workplace violence.

The frequency of education and training sessions varied from monthly to yearly. Some organizations had pre-employment training, or training at orientation. There was also variation in the format of education and training provided, from binders to sophisticated electronic learning management systems. For some examples in the QIP Narratives, it was difficult to discern whether the training was focused solely on violence prevention as there appeared to be some overlap with workplace health, safety, and/or wellness sessions.

Organizations cited programs such as:

- Nonviolent Crisis Intervention® Training
- Gentle Persuasive Approach
- Mental Health First Aid
- Health and Safety Certification
- Bullying prevention
- “Safety in the Workplace” series
- Schwartz Rounds™

- Leadership and staff training on the psychological injury and wellness program
- Emergency codes
- The Montessori method for dementia care
- Management of Aggressive Behaviour training
- Mandt System® training program
- Workplace civility training
- Respectful Workplace training module
- The Safewards model
- Physical, Intellectual, Emotional, Capabilities, Environment, Social & Cultural (P.I.E.C.E.S.)

Specific examples include:

North of Superior Healthcare Group

North of Superior Healthcare Group will be participating in the Thunder Bay District Health Unit's Superior Mental Wellness at Work Standard to Action Training. The Superior Mental Wellness at Work Standard to Action Training is a six-part training series being held in Nipigon that will assist the group in developing action plans for implementing the Mental Health Commission of Canada's National Standard for Psychological Health and Safety in the Workplace.

Credit Valley Family Health Team

The Credit Valley Family Health Team applied for a grant through Health Links to provide staff training with the goal of increasing organizational capacity to respond positively to change and complex patients. Such training could contribute to creating greater resilience within the workforce and could therefore play a role in workplace violence prevention. Organizational Health and Wellness are essential to a focused and prepared workforce open to change and training about complexity and diversity. This family health team has planned training in compassion fatigue awareness, and promotion of self-care and resilience in 2017.

Planned outcomes include: staff will understand about compassion fatigue and the effects of work-related trauma; staff will develop self-care plans and be able to monitor their own levels of burnout and engagement; and leaders within the team will feel more confident and be able to demonstrate progress in moving to a complexity-welcoming, trauma-informed workplace.

Risk assessment: organizational or environmental hazards and controls

The *Occupational Health and Safety Act, 1990* requires all employers, including health care organizations, to assess the risks of workplace violence and put into place preventative measures and controls to decrease or eliminate the risks associated with identified hazards.

Moving beyond these requirements, approximately one half of the organizations provided a description of quality improvement activities related to risk assessments, either organizational or for environmental hazards, and the controls to mitigate risk.

Organizational hazards and controls

Baycrest Hospital

Baycrest Hospital mentioned their response to a workplace violence risk assessment conducted by the Public Services Health & Safety Association. This hospital prioritized the recommendations arising from this report and used them to develop a three-year workplace violence prevention action plan. Baycrest has completed two of the three years of this action plan and continues to work through the final group of actions. The remaining work on the workplace violence prevention action plan will dovetail with an upcoming Psychological Health and Safety in the Workplace audit to be conducted over the last part of the 2016/17 fiscal year and into the 2017/18 fiscal year.

Hornepayne Community Hospital

Hornepayne Community Hospital conducts a Workplace Risk Assessment every two years, with representatives including the CEO, Health & Safety Committee Chair and Co-Chair, a minimum of three staff members representing the Canadian Union of Public Employees and Ontario Nurses Association, non-unionized employees, and one Board Member. This committee analyzes information including health and safety meeting minutes, Workplace Safety and Insurance Board Form 7 and employee incident reports, unusual occurrence reports, staff risk assessment surveys, and completed risk assessment workplace inspections.

Environmental hazards and controls

Within the 2017/18 QIPs, a number of organizations identified general physical environmental assessments that focused on the physical nature of the work environment, as well as any security measures in place. Variations included:

- Means to summon immediate assistance (e.g., call buttons, panic alarms, whistles, etc.)
- Door alarms
- Cameras
- Security
- Buddy system to parking lot

*Cornwall Community Hospita*l cited a number of initiatives, including:

- Physical environment improvements, included in their emergency department (ED) and psychiatry seclusion room renovations
- Code White buttons for nurse call at three triage stations in the ED
- New security force in place with increased standards for role of guards
- Hand cuffs, vests, belts provided to guards
- Review of guard rotation for maximum coverage

Niagara Health System cited:

- Environmental Violence Risk assessments, conducted with the Occupational Health Safety Consultant, Workplace Relations Advisor, Joint Health and Safety Committee members, a member of the security team, the manager of the department, and front-line staff from the department
- Personal panic alarms/duress badges

The *Erie St. Clair LHIN Home and Community Care Services* (formerly Erie St. Clair CCAC) reported that position hazard analyses are conducted for all positions, and outline existing risks including workplace violence and the various control measures in place to prevent or reduce the risk of incidents.

Committee(s), including Joint Health and Safety Committees

Establishing a Joint Health and Safety Committee is a legal requirement for any Ontario workplace with 20 or more workers at any one site. Notably, the Leadership Table's recommendation regarding including workplace violence in the QIPs suggested that Joint Health and Safety Committees be involved in the development of their organization's QIP in the hospital sector moving forward.

Committees were described by almost one-half of organizations. Beyond the legislated Joint Health and Safety Committees, some organizations struck working groups or teams to specialize in implementing workplace violence strategies.

Chatham-Kent Health Alliance, a hospital in Erie St. Clair LHIN, established a Violence Prevention Committee in February 2017. The committee membership includes administrative leaders, front line staff and union leaders who together are focusing on reducing work place violence and educating health care workers on the importance of identifying and reporting incidences of workplace violence.

Many long-term care homes also described quality of work/life committees that support the health and wellbeing of the staff.

Staff engagement

More than 15% of organizations described engaging their staff in workplace violence prevention. Numerous organizations employed staff surveys to anonymously measure staff-reported experience of workplace violence (which may or may not have been formally reported). This approach has the benefit of factoring in whether staff feel comfortable reporting incidents of violence.

Some of the organizations talked about meetings with unions, team meetings, or formal executive walk-abouts. Others mentioned informal open-door policies to encourage staff to provide feedback and feel supported in situations of risk.

Stevenson Memorial Hospital

Going beyond paid employees, Stevenson Memorial Hospital has distributed surveys regarding violence in the workplace to employees in the past, and has a plan to distribute surveys again in 2017 to obtain employee feedback. Distribution of the survey will be expanded to include physicians and volunteers, because the hospital would like to hear perspectives from these groups on how to address violence in the workplace.

Lakeridge Health

Lakeridge Health launched a Workplace Violence Survey and focus groups in the fall of 2016. These were conducted to raise awareness of the working group within the organization and gain input from staff to develop recommendations aimed at reducing the risk of workplace violence. The following themes and recommendations were identified and will be addressed in conjunction with provincial recommendations: communication; patient flagging; reporting (i.e., use of BETTER system); effective oversight and response to reported incidents of workplace violence; and responsibility and accountability.

Greenwood Court Long-Term Care Home

Workplace violence education, including bullying and harassment, was a focus for 2016. Seventy percent of staff were interviewed privately, with their manager and a human resources consultant, to determine whether they ever felt threatened at work and whether they felt safe at work. Negative responses to this question were investigated further to resolve the concern and to ensure a safe workplace for all.

Central Hastings Family Health Team

Central Hastings Family Health Team incorporates the experience and insight of staff by involving them in policy design; for example, in the development of the Safe Home Visiting by Staff Policy, the Practitioners' Committee members received the draft policy and provided their input. Practitioners' suggestions for safe practices were then incorporated into the policy. The recognition by management of the value added by including this policy review step demonstrates their joint commitment with staff towards overall health and safety. As well, the policy itself helps the Central Hastings Family Health Team comply with the *Occupational Health and Safety Act* by ensuring their staff members' safety in any workplace setting or situation.

Partnerships and collaboration

A number of organizations included details about partnership and collaborative practices between clinical and non-clinical program areas, as well as externally with other hospitals, and other partners.

Partnerships cited include representatives from:

- Unions
- Police services
- Cross-sector partners
- Consultants
- The Public Services Health & Safety Association

Example of larger collaborations include:

The *Joint Centres for Transformative Healthcare Innovation* is one of the larger partnerships between six large community hospitals, and is focused on collaboration and sharing to improve quality, safety and performance in health care. Toronto East Health Network (Michael Garron Hospital) along with Mackenzie Health, Markham Stouffville Hospital, North York General Hospital, Southlake Regional Health Centre and St. Joseph's Health Centre Toronto are working to implement standard workplace violence prevention strategies across the organizations. This collaboration, led by Michael Garron Hospital and Southlake Regional Health Centre, strengthened practical knowledge and expertise on workplace violence prevention strategies. Considerable time has been spent over the past year in putting together a *Workplace Violence Playbook* which was released in February of 2017. The *Playbook* is currently being implemented within the six hospitals.

The Safewards Program, a global open-source approach based on more than 1,000 studies, is being implemented in nine hospitals across Ontario and was specifically mentioned by *North Bay Regional Health Centre* and *the Centre for Addiction and Mental Health* in their 2017/18 QIP Narratives. Initial work has focused on forensic units; however, pilot projects are also being conducted in non-psychiatric settings. Safewards is an evidenced based series of interventions that promote patient and employee safety by reducing conflict and containment.

Patient identification (flagging) and care planning

"Flagging" people at risk for violent behaviour is a proactive strategy of communicating the risk of violence to workers and patients so they have the appropriate information to take preventative action. Flagging should not be a stand-alone activity; it requires implementation, continuous assessment of risk level, and care planning.

Some organizations went on to describe implementing strategies to assist the patients who have been flagged, such as care planning. A care plan is a set of approaches designed to maximize patients' quality of care and outcomes. Care plans also improve continuity of care by communicating the patients care needs to providers. The patient and family members/caregivers should be engaged in developing a care plan for the patient that identifies any triggers for violent behaviour as well as strategies to manage his or her behaviour. Examples include:

Religious Hospitallers of St. Joseph of Hotel Dieu

At Religious Hospitallers of St. Joseph of Hotel Dieu, referred individuals are assessed to determine their level of need. If a patient is identified as being violent or potentially violent, the Advanced Practice Nurse is contacted to meet with the patient and work with staff to develop a treatment plan, including the possibility of contacting the community based behaviour support team. These patients are also entered into the orange dot program, in which ongoing assessment takes place to monitor the patient's behaviours, to attempt to identify triggers, and to learn how to successfully interact with the patient in a safe and productive way.

Sinai Health System

The Safe Patients/Safe Staff program at Sinai Health System provides resources to help staff safely and effectively care for patients who are at risk of aggressive or dangerous behaviour while in hospital. The program has two key areas of focus:

- Identifying risk factors for dangerous behaviour early, before an incident takes place. This ensures that staff can deliver compassionate care and ease vulnerable patients through stressful situations. It is done using staff training, electronic screening of medical chart and regular updates at meetings; and
- Mobilizing of a special team of nurses called BOOST (Behavioural Optimization and Outcome Support Team), who immediately perform an assessment and engage any specialists required. Together with the original care team, they determine a strategy for managing the risk and a care plan that will meet the patient's needs

Long-term care homes frequently mentioned care planning for patients with responsive behaviours†, such as:

Region of Durham – Fairview Lodge

In 2016, 62% of the residents living within the home exhibited responsive behaviours. Each resident is assessed with specific tools and each support plan is unique. The home works with Behavioural Supports Ontario (BSO) to identify behaviours which are 'responsive' in nature so the home can develop and implement the appropriate interventions. Through BSO funding Fairview Lodge will have dedicated BSO positions beginning in 2017. The home also continues to work very closely with Ontario Shores Centre for Mental Health Science to evaluate incidents and develop strategies to address responsive behaviours and resident aggression.

† The Alzheimer's Society defines responsive behaviours as *"a term, preferred by persons with dementia, representing how their actions, words and gestures are a response, often intentional, that express something important about their personal, social or physical environment."*

Theme 2 Response Strategies

The literature identifies response strategies as important to mitigating workplace violence. Response strategies include administrative functions such as debriefing, psychological intervention and support, and internal and/or external collaboration. Many of these strategies overlap with the prevention strategies; however, the section below focuses on what happens after a violent or aggressive incident in health care organizations. Approximately 40% of the organizations described some form of response strategy. The most frequently reported strategy was the actual incident reporting and investigation processes, followed by staff supports and knowledge transfer or communication of the incident.

Incident Reporting & Investigation

Many organizations described reviewing incidents that occurred, most commonly with their Joint Health and Safety Committee. Some described escalation to the CEO and board level. Response teams were most often described by hospitals. Some organizations described putting “action plans” in place, and a few mentioned root cause analysis or debriefing.

Examples of reporting include:

The Ottawa Hospital

At The Ottawa Hospital, the Director of Safety and Security reviews monthly reports of workplace violence incidents, and specific violent incidents are also reviewed at the Violent Incidents Review Group meetings that are held biweekly with Joint Health and Safety Committee union representatives, Security and Safety staff, and managers of the areas where incidents occurred. The purpose of these meetings is to verify that they are closing the loop on each incident with the affected employee and to share knowledge on best practices among managers and campuses.

Grand River Hospital Corporation

Response teams, with appropriate training, are available to respond to codes for potential workplace violent incidents. Response team members are also accountable to ensure training requirements are maintained. In the event of a code called for aggressive behaviour/physical danger, an immediate and mandatory debrief is held to ensure the emotional, psychological, and physical wellbeing of all staff and patients.

Manitoulin Health Centre

Manitoulin Health Centre, a small community hospital in the North East LHIN, stated, "If staff are placed in a position to care for a patient who may become violent or aggressive, they are supported to call upon the First Nations Police Services or the Ontario Provincial Police Services to provide duty services. Our police partners recognize that there are times we require their assistance and have been very responsive to our needs when called upon."

Reporting provides the details and circumstances of a violent incident, while reviews and investigations should examine the factors that contributed to the incident (i.e., the root causes) and offer insights on how violent situations can be avoided in the future.

Examples of reviews and investigation include:

Greenwood Court Long-Term Care Home

A strong focus was placed on reporting of resident to staff incidents that occur during care. Staff had the impression that this was just part of the job. The need to track these incidents is a priority, in terms of evaluating the resident's plan of care and determining if there are other approaches that can be implemented to limit these incidents. The use of Dementia Observation System charting (which tracks behaviours for 24 hours a day over a week to identify patterns of behaviour when resident incidents occur) has also been implemented to help in determining the root cause of incidents.

Staff support

Staff need to be supported when exposed to a risk or actual workplace violence incident. It is beneficial for staff to see visible action when reporting an incident, to receive advice about how to respond to the threat or event, and to receive an appropriate level of care after the incident.

Examples of staff supports include:

- Employee assistance programs
- Physician health programs
- Multi-faith spiritual care programs
- Quality of life committees
- Victims services
- Early safe return to work programs
- Support from social workers or psychological assistants to provide counseling to staff
- Involvement of an occupational health physician to support employee recovery and return to work planning
- Involvement of a Respectful Workplace Consultant
- Referral to therapists

Making a commitment to create a caring, responsive culture is an essential part of a workplace violence prevention program. It also leads to better patient care. A culture of psychological safety encourages employees to report incidents.

Centre for Addiction and Mental Health

The Centre for Addiction and Mental Health implemented the Mental Health Commission of Canada's *National Standard for Psychological Health and Safety in the Workplace*, a series of initiatives focused on building resiliency for staff at the point-of-care, and enhancing overall staff wellness. The Standard aims to encourage organizations to provide psychologically safe and healthy workplaces. This standard stresses the importance of identifying and addressing factors (including workplace violence) that have a negative effect on workers' physical and mental health.

Grey Bruce Health Services

Grey Bruce Health Services' Mental Health program offers critical incident debriefing to staff who have experienced a traumatic experience on the job. Staff appreciate having the opportunity to discuss the impact of these events in an effort to promote healthy coping strategies. Multi-faith spiritual care providers in the hospital's Spiritual Care program also provide assistance on request to staff seeking support in times of need.

Some organizations specifically mentioned support from senior management for staff. Senior management have a key role with respect to health and safety in the workplace, and are responsible for taking every precaution reasonable in the circumstances for the protection of a worker.

Kirkland and District Hospital

The management team is available to support staff 24/7 as they have a rotating call schedule that designates a manager-on-call. The Central Registration department at the Kirkland and District Hospital is staffed over 24 hours providing the support to staff at both hospital sites to initiate emergency codes and to notify the manager on call.

Knowledge Transfer and Communication

Sharing information is part of a culture of safety. Communication and knowledge transfer – whether within organizations, between organizations, or with the general public – are effective ways to prevent workplace violence. Learnings from incident investigations need to be communicated in order to evolve the current state and improve processes in the future.

In the 2017/18 QIPs, few organizations described knowledge translation and exchange or communications following incidents of workplace violence.

Examples of internal communications and knowledge translation include:

- *Anne Johnston Health Station*, a community health centre in Toronto, and other organizations described debriefing at staff meetings with lessons learned.
- *Albright Gardens Homes Inc.* noted that they have established improved communication process for responsive behaviours resulting in staff injury, with the goal of reducing staff injury and ensuring a timely and effective intervention to address resident need.
- *Gateway Haven Long-Term Care Home* shared more details about implementing workplace hazardous situation forms to monitor trends and causes, and provide feedback to staff. Furthermore, they hold staff meetings that include their unions to discuss the situation and problem-solve together. Ensuring that the feedback has been shared with the staff is critical to preventing further incidents.

The health care sector also needs to build awareness with the general public to aid in preventing workplace violence. Much of the general public is unaware of the extent and complexity of the issue of workplace violence, particularly regarding the impact that workplace violence has on health care workers and the quality of care delivered in hospitals.[2]

Examples of communication and knowledge translation to the public include:

- *Waasegiizhig Nanaandawe'iyewigamig Health Access Centre*, located in the North West LHIN, reports that they display posters in all of their work sites stating that everyone deserves respect and outlining consequences for disrespectful, threatening, or violent behaviour.
- *Copernicus Lodge* mounted plaques throughout their building that state, "This is a place of respect for residents, staff and visitors. Bullying, harassment and any threat or acts of violence will not be tolerated."
- *North Wellington Health Care* and *Groves Memorial Community Hospital* described using multiple methods and content posted on both the hospital intranet and bulletin boards (topics include Women-in-Crisis and Bullying). Emergency Code plans are current and well developed for Code White, Code Silver, Code Black etc. to inform staff as well as patients, caregivers/ family, and visitors.

Theme 3 Measurement

Quality improvement experts all agree: measurement is essential to provide a system-level assessment of variations and gaps in performance. This is based on the idea that if a process or outcome cannot be measured, it cannot be improved. Once the information is gathered, the next challenge is transforming data into actionable information – trusted by patients, providers, and funders alike.

Responses that related to measurement can be classified in two themes: 1) the reporting systems that organizations have in place to allow for the collection, storage, and analysis of measures associated with workplace violence prevention; and 2) the indicators organizations are monitoring to guide them in their quality improvement efforts. Indicators allow measurement of the current state and identify the gap between what we learn from the data and what changes we will need to make to reduce workplace violence.

Reporting systems

Reporting systems need to be reliable, accurate, and feasible, while maintaining the ability to be universal – to be transferred and adapted to other workplace settings. Unfortunately, evaluations of reporting systems for workplace violence are very rare in the peer-reviewed literature.[3]

Some organizations addressed formal electronic or online systems, while others reported various methods of tracking and reporting of incidents as well, including:

- Completion of briefing documentation
- Maintenance of an employee incident and near-miss binder to report incidents and near misses
- Observation, audits, reporting, tracking, and trending of staff incident report forms and risk reports

Specific examples of reporting systems highlighted by organizations include:

Huron Perth Healthcare Alliance

The Huron Perth Healthcare Alliance has implemented the RL6 incident reporting system to confidentially report all employee and patient safety, violence and harassment incidents/near misses that occur within the Huron Perth Healthcare Alliance. All staff received training regarding the use of the RL6 software system and can access the system via any hospital computer workstation.

Champlain LHIN Home and Community Care Services (formerly Champlain CCAC)

The Champlain LHIN has in place a documented process for employees to report incidents of workplace violence, and for the prompt investigation and correction of circumstances that pose a risk of workplace violence. They track all reported incidents in their occupational health and safety management system so that trends can be identified. Senior executives receive regular reports on the incidences of workplace violence.

North York General Hospital

Incidents of workplace violence are reported to the Occupational Health, Safety and Wellness Department through the Safety Learning Incident Management Process (SLIP). SLIP incidents are to be reviewed, followed up on and signed off by the respective managers. One initiative that will come to fruition in 2017 includes the revision of the SLIP reporting process for workplace violence incidents after feedback from their front-line staff.

Brant Community Healthcare System

Brant Community Healthcare System has an electronic incident reporting system and requires that any employee with an incident report it as soon as possible and before the end of the shift. The reporting system provides immediate notification to the employee's supervisor so that they can investigate and take steps to prevent a reoccurrence. The reporting time frame has occurred from 10 minutes to three days, with a mean of two days.

Indicators

Indicators are measures used in quality improvement science with a two-fold purpose: defined indicators 1) allow for the tracking of performance relative to improvement targets, and 2) enable improvement strategies to be developed based on changes in performance on the indicators. Organizations submitting a QIP add their indicators to the Workplan section, where they are expected to provide information including a description of the indicator, the unit/population the measure is based on, the source of the data, the current and target performance, and a justification for the target that has been set.

A total of 15 organizations reported on 17 custom indicators in their QIP Workplans, with aims to measure and reduce workplace violence. Since Health Quality Ontario did not provide a formal definition for an indicator measuring workplace violence incidents for the 2017/18 QIPs, there was variation in the indicators that organizations reported on.

Thirteen of the organizations that reported on indicators were hospitals, and two were long-term care homes. No organizations in the primary care or home and community care sectors included indicators specifically related to workplace violence in their QIPs. Several organizations included "staff safety" indicators that did not specifically relate to workplace violence, as they could have been related to slips, falls, or infections.

The majority of hospitals and long-term care homes reported on workplace violence incidents in the form of counts or as rates. For indicators reported as rates, most were expressed as a rate per 100 full-time equivalents (FTE), but there were also measures expressed as rates per 200,000 hours worked (i.e., hours worked per 100 FTE), per adjusted patient days, and per 100 insured workers. One measure used the number of incidents as the denominator in order to express the proportion of total incidents.

Some organizations stratified incidents of workplace violence based on consequences. The most common of these stratifications was "lost time", reported by eight hospitals and one long-term care home. One indicator captured the proportion of total workplace violent incidents where a Code White was called and an injury did not occur.

An example seen in the Narrative highlights the importance of timely investigation:

> *Women's College Hospital* described looking at the number of workplace violence incidents that resulted in lost days, along with the percentage of risk assessment action plans completed, and finally, the percentage of investigations of workplace violence incidents completed within 5 business days.

Moving Forward

Our analysis of the 2017/18 QIPs has revealed a variety of reported processes related to prevention, response, and measurement of workplace violence prevention in Ontario health care organizations. Most organizations that submitted QIPs in 2017/18 described some work related to workplace violence prevention, which most commonly involved prevention strategies, followed by response strategies, and finally by measurement and reporting strategies. Many organizations mentioned the importance of working in partnership with other sectors, as well as with police services.

Many organizations described efforts that aligned with legislative requirements, and many described work that exceeded legislative requirements. This is the first year that staff safety and workplace violence prevention has been included in the QIPs. We encourage organizations to consider how they can continue moving toward leading practices as they focus on addressing workplace violence prevention through a quality improvement lens.

It is also important to be mindful of unique contexts in which the work described in this report is being done; organizations featured in this report vary in terms of size, type, care models, geographic location, and patient populations and therefore have implemented strategies to reflect their unique environments.

In May 2017, the Workplace Violence Prevention in Health Care Leadership Table released a report that describes 23 recommendations to address the issue of workplace violence in the hospital sector. One of the recommendations in this report was to include workplace violence prevention in the QIPs. In response to this recommendation, an indicator focusing on workplace violence will now be mandatory for hospitals to include in their 2018/19 QIPs. Additionally, organizations in the long-term care, primary care, and home and community care sectors will continue to address workplace violence in their 2018/19 QIPs by answering a free-text question in their QIP Narratives.

As we prepare for the inclusion of this new hospital indicator in the 2018/19 QIPs, Health Quality Ontario is working to develop guidance regarding how health care organizations can address workplace violence prevention through their QIPs. This guidance will be released by late November 2017. It will link to relevant tools and resources related to workplace violence prevention in the Ontario context.

There is a huge opportunity to better understand and address/reduce workplace violence in health care organizations. An increased emphasis on fostering a culture of workplace safety through a quality improvement lens will be a good start. As we move forward together, we will continue to focus on engaging patients, families and caregivers; creating partnerships; standardizing approaches sharing lessons learned; and celebrating successes. These efforts will help to build a culture of workplace safety and reduce workplace violence in Ontario's health sector.

Addressing workplace violence in the 2018/19 QIPs

Workplace violence will be addressed in the 2018/19 QIPs in two ways: through the addition of a mandatory indicator for the hospital sector, and through a question in the QIP Narratives for all sectors.

Mandatory indicator for the hospital sector

A new mandatory indicator measuring the number of incidents of workplace violence will be included in the 2018/19 QIPs for the hospital sector. This mandatory indicator is enabled by Ontario Regulation 280/17, which amends the *Excellent Care for All Act, 2010* to enable the Minister of Health and Long-Term Care to direct hospitals to include an indicator in their QIP, selected after considering the advice of Health Quality Ontario.

There are several resources available for hospitals to prepare to integrate this indicator into their QIPs:

- A guidance document to help hospitals address workplace violence through a quality improvement approach
- The indicator technical specifications, which describe how hospitals can measure this indicator, including definitions outlining what constitutes an incident of workplace violence

Question in the QIP Narratives for all sectors

There will also be a question included in the QIP Narratives for all sectors that submit QIPs. This question will be mandatory for the hospital sector. The question will prompt organizations to describe how workplace violence prevention is a strategic priority in their organization.

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