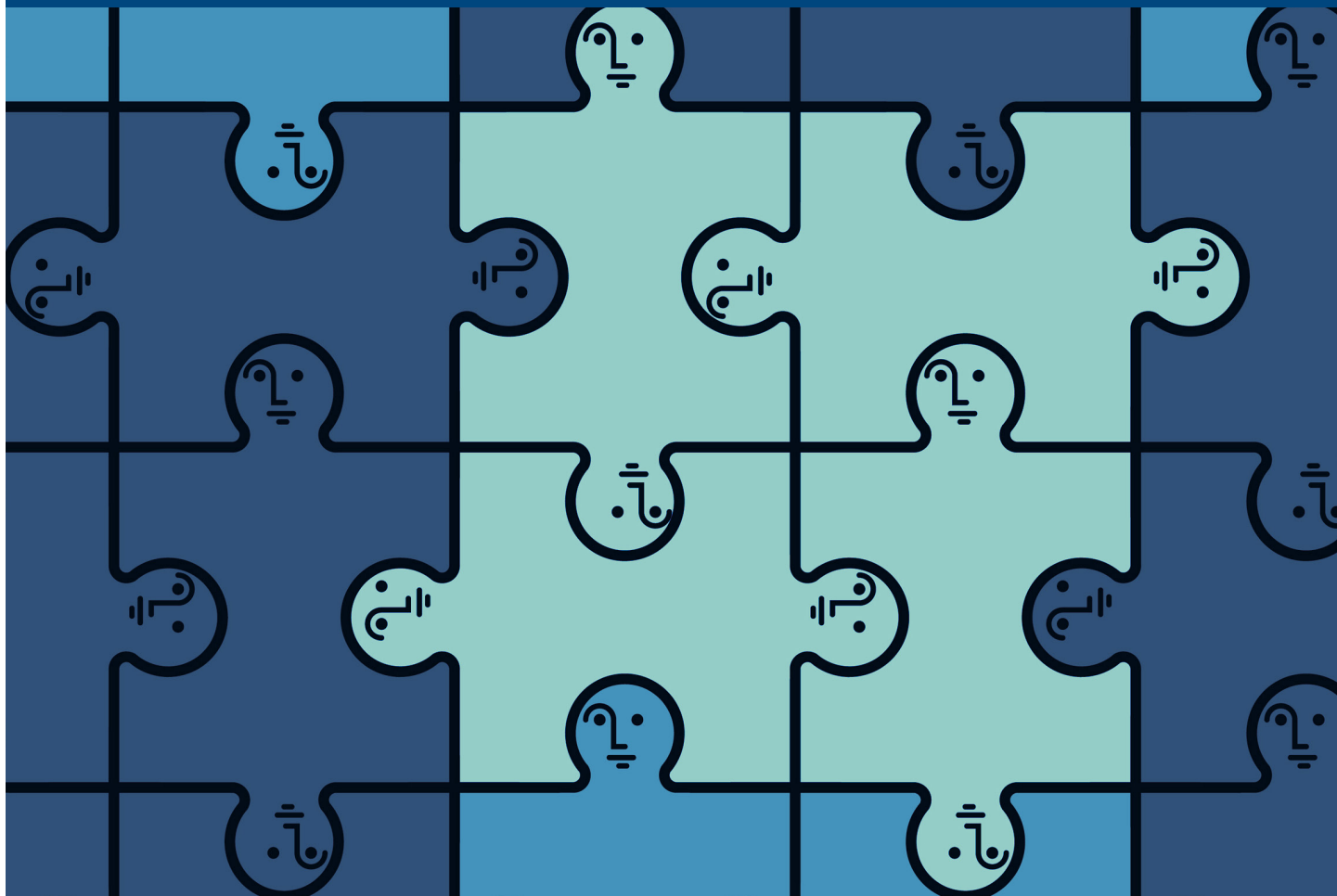


Workplace Violence Prevention Summit

Thursday, October 1, 2015

Bringing together system partners to collaborate on opportunities for reducing the risk of workplace violence



Participating Organizations

College of Physicians and Surgeons of Ontario

Institute for Work and Health

Ontario Association for Non-Profit Homes and Services for Seniors

Ontario Council of Hospital Unions

Ontario Hospital Association

Ontario Medical Association

Ontario Ministry of Health and Long Term Care

Ontario Ministry of Health and Long Term Care – Emergency Health Services Branch

Ontario Ministry of Labour

Ontario Nurses' Association

Ontario Public Services Employees' Union

Public Services Health and Safety Association

Service Employees International Union Local 1 Canada

UNIFOR

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Executive Summary

For the health care sector as a whole, it is critical to acknowledge that violence may inadvertently be accepted as a workplace hazard – a perspective that is outdated and unacceptable.

In Ontario, workplace violence accounted for 11% of lost time injuries in 2014 within the health care sector.¹ A Ministry of Labour press release dated August 12, 2015, stated that this amounts to direct system costs of nearly \$23.8 million.

Recognizing the need to combine efforts to address this complex challenge, on October 1, 2015, health system leaders including hospitals, government and union representatives, came together to discuss opportunities for preventing workplace violence during a workplace violence prevention summit hosted by the Ontario Hospital Association (OHA). Participants worked to identify root causes and barriers to prevention, along with solutions and accountabilities. Following the event, Ontario's health care sector is now better positioned to address this important issue.

A number of root causes and barriers to the prevention of workplace violence were identified at the individual, organizational and system level. Participants proposed a number of solutions and mechanisms targeted at prevention, which spanned organizational culture, communications, education, policy and infrastructure.

Throughout the day, a number of themes emerged, including the importance of ongoing collaboration and thoughtful planning; the understanding that addressing workplace violence goes beyond safety; and the urgency with which all stakeholders must take action to prevent further incidents.

Based on input from the workshop and from a follow-up survey, participants identified a number of important next steps. Generally, the highest priority was placed on actions related to increasing commitment to the cause, including stakeholders in the dialogue, and improving collective knowledge through the development of best practices and communication mechanisms.

For its part, the OHA has already taken concrete steps such as its involvement in the Workplace Violence Prevention in Health Care Leadership Table, the creation and delivery of related subject matter education sessions for its membership in early 2016 and a commitment to host a follow up summit event in October 2016 to assess successful actions to date and identify future opportunities.

Participants at the summit all acknowledged that much more must be done. However, substantial and enduring progress can occur only when stakeholders come together in the spirit of collaboration, proactivity, and ongoing commitment to the cause.

¹ PSHSA Workplace Violence in Healthcare Environmental Scan, September 2015 – Presentation to Executive Leadership Table on Workplace Violence Prevention - Data Source: WSIB EIW Claim Cost Analysis Schema, June 2015 data snapshot

Background

The objective of the October 1st summit was to identify actionable solutions designed to create better systems for addressing workplace violence when it occurs, and also to identify root causes and develop strategies for violence prevention in hospital settings. The session also generated a number of ideas and follow-up steps for consideration which will ultimately assist the OHA in developing its work plan to assist members on the issue.

While other sectors within Ontario have seen decreases in the incidence of workplace violence, health care workplace violence has increased. The health care sector now has among the highest rates of workplace violence in the province of Ontario with nursing services, nursing homes, and hospitals making up 64% of lost time injuries within the health care sector in 2014.²

The days activities were facilitated by Hugh MacPhie and the summit agenda included:

- A welcome and introduction from OHA President and CEO, Anthony Dale
- Contextual background regarding workplace violence from Dr. Glenn French from the Canadian Initiative on Workplace Violence
- Remarks from the Hon. Kevin Flynn, Ontario’s Minister of Labour
- A facilitated session during which participants worked in small groups on the following questions:
 - What are the root causes of workplace violence and what solutions/strategies have you used or would you propose be adopted in order to address the root causes? (A root cause is defined as the basic, underlying factor(s) that contribute to an undesired outcome).

- What are some of the mechanisms that can be put in place to achieve the balance between clinical best practice and maintaining a healthy and safe work environment?
- What barriers exist that impact your ability to further prevent workplace violence and what type of supports do you need in order to overcome the barriers?
- How do we ensure that all stakeholders understand their responsibilities and are held accountable in an effort to achieve the best patient outcomes and eliminate workplace violence?
- Other thoughts on how the OHA or any other organization can assist in addressing this issue?

- Group discussion to prioritize and synthesize key conclusions and opportunities.

To further refine and prioritize opportunities, following the summit, participants were invited to complete a survey that captured and categorized a number of opportunities that could be pursued.

This document, which summarizes the outcomes of the summit and of the follow-up survey, is divided into the following sections:

- Primary Conclusions
- Root Causes and Barriers
- Solutions and Mechanisms
- Moving Forward
- Final Thoughts

2 PSHSA Workplace Violence in Healthcare Environmental Scan, September 2015 - Presentation to Executive Leadership Table on Workplace Violence Prevention - Data Source: WSIB EIW Claim Cost Analysis Schema, June 2015 data snapshot

Primary Conclusions

A number of key comments and themes emerged from the OHA Workplace Violence Prevention Summit and follow-up survey. The topline conclusions are as follows:

Workplace violence is of increasing concern. Participants believe workplace violence is an issue that requires not only further emphasis, but also collective action. In the words of one participant: *“When our senior management get together, we consider this our number one issue.”*

Unions, management and others can and must work together. Successfully crafting solutions will require the spirit of joint respect and mutual accountability among all who share a stake in this important issue. Participants reflected that the spirit and approach to the summit itself should be replicated moving forward.

Impacts of this crisis can be mitigated through thoughtful planning. When the Ebola crisis emerged, the province of Ontario responded. It had taken the lessons learned from the SARS crisis and built a world-class action plan. We have learned lessons with respect to workplace violence, but have yet to share those learnings in a comprehensive manner across the province. The opportunity exists to create a plan for Ontario hospitals and the health care sector as a whole that reduces the likelihood of workplace violence and the impact of violent behaviours when they do occur.

Addressing workplace violence is about more than safety. It is an important component in improving wellness and creating more positive and productive workplaces. The issue needs to be positioned thoughtfully, recognizing that enhancing workplace culture and reducing workplace violence cannot be approached independently.

This summit was an important step on a continuing journey. Addressing the issue of workplace violence in hospitals will require a concerted, collective, and ongoing effort. This is an early step on the journey of changing perspectives and behaviours related to workplace violence.

There is no time to waste. Summit participants emphasized that this issue requires urgent action; best practices should be shared and smart solutions implemented immediately. Workplace violence throughout the health system can no longer be viewed as an unavoidable risk of the workplace, but rather, we must work to shift our perspective – and the perspective of the public – to view this as a system issue that requires action and demands a province-wide response.

Root Causes & Barriers

Participants identified a number of root causes and barriers to the prevention of workplace violence. These causes and barriers categorize broadly into individual, organizational, and system levels.

Individual-Level Causes and Barriers

There is a need to strike a balance between an individual's expectations and needs, and the provision of care in a safe environment for all involved. One important area of contention is the relative importance of staff safety versus rights of patients to choose a course of treatment in line with their beliefs and needs. Hospitals can and should be patient- and family-centred in their philosophies. In instances when patient's or family's expectations are not met to their satisfaction, it does not give them the right to demean or behave violently towards hospital staff – regardless of their circumstances or background.

Hospital visits are, by nature, emotionally charged. In addition to the underlying medical or psychological issue patients live with, stressful situations such as a hospital visit can trigger violent behaviour among those who have previously never displayed violent tendencies.

Organizational-Level Causes and Barriers

Hospital cultures can stand in the way of meaningful change. Participants highlighted a “part of the job” attitude that interferes with staff members' ability to take appropriate preventative measures, or to recognize instances of workplace violence.

Organizational linkages are still lacking. The infrastructure to ensure direct best practice and information sharing between hospitals and other care facilities is still underdeveloped. Organizations must seek opportunities to collaborate and find collective solutions.

System-Level Causes and Barriers

Resources continue to be scarce. Funding, expertise, tools, time and attention are all at a premium. This restricts the system's ability to invest in high-impact prevention techniques that could deliver both social and financial returns.

The emergency department has become the last resort for individuals who believe they have no other place to go. With system capacity issues, ineffective triage and “closed doors,” patients often have nowhere else to go. Participants expressed the view that when violence occurs in social services or community agencies, violent individuals often end up in emergency departments. Participants consider the challenge of dealing with patients with autism spectrum disorder and other mental health disorders to be particularly acute.

System linkages within the sector and between sectors require further development. Establishment of common language and measurement standards would greatly improve comprehension and collective action.

Conflicting legislation impedes progress. There was broad agreement that regulatory and legislative frameworks are often at odds with one another. Legislation created in the spirit of promoting patient rights has, in some cases, resulted in the unintended consequence of impingement on staff safety. Specifically, in relation to privacy legislation, individual interpretations of the privacy legislative requirements can sometimes prohibit important information from being shared among care providers. This can limit the ability to flag high-risk individuals who move between or interact with multiple systems.

Solutions & Mechanisms

Participants identified a number of solutions and mechanisms for mitigating the issue of workplace violence in hospitals. Broadly, solutions fall into the categories of culture, communications, education, policy and infrastructure.

Culture

Participants stressed the importance of organizational cultures that promote staff wellbeing, trust and openness, prioritize staff safety, and embed accountability. Positive hospital cultures empower staff to take appropriate precautions and help reduce stresses that can trigger violent behaviours. Specific suggestions and ideas included:

- Instil a sense of accountability among all stakeholders including government, health care organizations, health care workers, patients, family members, visitors and others in the health care sector.
- Develop respect for the wellbeing of staff as well as patients.
- Encourage a culture of trust and openness.
- Create a common language and system of codes across the province to help reduce confusion and improve response times.
- Enhance patient triage and placement techniques to ensure patients arrive quickly at the most appropriate place of care.
 - Improve the usability and effectiveness of electronic flagging systems.
 - Implement visual cues to help workers identify potential risks.
- Develop appropriate post-incident follow-up methods to:
 - Ensure physical and psychological stability of all staff, patients and families.
 - Increase understanding of the incident and how the hospital can better prepare.

Communications

Participants highlighted the opportunity for better communications both within the health sector and with adjacent sectors including corrections, social services, children and youth services and education. Specific suggestions included:

- Improve care plans to ensure staff are adequately informed of high-risk individuals.
 - Ensure information flow related to those transitioning from child to adult care.
- Host dialogues with other sectors on the topic of workplace violence, using roundtables or other approaches to encourage collaboration.

Education

Participants expressed a strong desire to expand the availability and reach of knowledge related to workplace violence in hospitals. Key conclusions focused on:

- Improvement of Knowledge
 - Develop/enhance crisis intervention and de-escalation techniques.
 - Refresh customer service training to include a focus on patient stress management.
 - Improve training effectiveness through scenarios, evaluations and consistent refreshers.
 - Evaluate would-be “best practices” for effectiveness.
- Dissemination of Knowledge
 - Imbue health care curricula with information and best practices on how to reduce the likelihood and severity of workplace violence.
 - Deliver training and education that are tailored to the needs of all types of staff, practitioners and health care leaders.
 - Create mechanisms to keep workplace violence issues “top of mind”, including interactive workshops and regular check-ins or huddles.
 - Discuss workplace violence in K-12, post-secondary education and as part of ongoing training initiatives.

Policy

Improving the policy framework is a critical step towards reducing opportunities for the occurrence of violence in hospitals. Specific suggestions included:

- Address legislation that is incongruent at best, or contradictory at worst.
- Bridge the gap between legislation and implementation (i.e. consulting the frontline during policy development).
 - Appoint a workplace violence ombudsperson.
- Create measurement and reporting mechanisms to promote ongoing attention to workplace violence.
 - Incorporate workplace violence related metrics into Accreditation Canada process.
- Create internal policies on psychological harassment in order to enhance the culture of accountability, respect for wellness, trust and openness.

Infrastructure

Participants referenced design, room layout, and IT infrastructure opportunities. Specific suggestions included:

- Design and outfit physical spaces in a way that mitigates the risk of workplace violence.
 - Dedicate rooms as behavioural units for unpredictable patients.
- Enhance Information Technology infrastructure as an important tool in information sharing which needs to include flagging of identified risks.

Moving Forward

Participants highlighted several priority action areas for the OHA and others to consider. These priorities – as reflected through the survey results - were:

Encourage meaningful commitment at all levels. Individuals from the emergency room to government offices have roles to play in this important issue. Participants underscored the importance of developing meaningful opportunities for contribution. CEOs and Boards, in particular, have important roles to play in fostering accountability and meeting standards within their organizations.

Expand the Provincial Workplace Violence Prevention Leadership Table. Participants underscored the importance of balanced, inclusive representation at this critical forum. Representatives across disciplines, at various levels of the health system, with specializations throughout the lifecycle, and from adjacent sectors should all be included.

Coordinate cross-sector action. While the hospital sector faces a significant workplace violence challenge, other sectors are also seeking solutions. Opportunities to partner with others beyond hospitals and beyond health (such as the Ministries of Labour, Community and Social Services, Child and Youth Services and Community Safety and Correctional Services) is essential to help develop solutions given the “frontline” role they play. Additionally, coordinating privacy policies to clarify and improve information sharing could help with flagging of high-risk individuals.

Seek out and evaluate best practices. While all stakeholders have a responsibility to seek out and share best practices, the OHA is well-positioned to convene and coordinate further dialogue. The OHA should pay particular attention to:

- The development, evaluation and dissemination of education and training resources, especially in nursing, allied health professional and medical schools.
- The identification of gaps in legislation, the generation of legislative or non-legislative solutions and better enforcement for the legislation that currently exists.

Taking Action

Since the summit, the OHA has taken a number of steps to advance the ideas and suggestions that emerged, including:

- Joint Ministry of Labour and Ministry of Health and Long Term Care Workplace Violence Prevention in Health Care Leadership Table.** OHA President and CEO, Anthony Dale, is a member of this leadership table and is able to share the details of this report with the Ministries and other key stakeholders at this table. He has also been able to bring some of the recommendations forward to ensure that the various key stakeholders are represented and have an opportunity to participate in this initiative. Joining Anthony at this leadership table are Carol Lambie, CEO Waypoint Centre for Mental Health Care and Sarah Downey, CEO, Toronto East General Hospital. The OHA has supported the nomination of hospital representatives to act as members of the four established project working groups. The working group themes are; Leadership and Accountability, Communication and Knowledge Translation, Resources and Intervention and Indicators, Evaluation and Reporting.
- Enhanced data gathering and assessment of workplace violence incidents that occur in hospitals.** In an effort to understand the scope of the issue, the OHA has obtained related employee incident data as part of the annual HR Benchmarking Survey. Designed to provide additional insight into the matter, this data will be shared with OHA members directly and with system stakeholders through the Workplace Violence Prevention in Health Care Leadership Table.
- Educational initiatives.** The OHA is in the process of developing educational opportunities for members that focus on workplace violence prevention, mental health in the workplace and related best practices. Education forms one of four “pillars” created to guide the OHA in its future action planning on this issue in an effort to maintain momentum on this critical issue in support of its members. Advocacy, Communication and Tools and Resources are the remaining three pillars.
- Minister of Labour’s Health Care Section 21 Committee.** This committee, established under Section 21 of the Occupational Health and Safety Act, is mandated to provide recommendations and advise the Minister of Labour on sector health and safety matters. The Committee, comprised of both labour and management representatives from across the health care sector, met for two days in October 2015 to focus on and discuss workplace violence prevention where the OHA contributed feedback from this event in an effort to provide recommendations directly to the Minister of Labour.

Conclusion

Participants who attended the summit unanimously agreed that workplace violence is unacceptable and that safety is everyone's responsibility. All stakeholders need to actively participate in safeguarding all staff, patients and visitors of our hospitals. Participants also underscored the importance of maintaining the spirit of collaboration as a way of identifying thoughtful and workable solutions. Owning and being collectively accountable for solutions, creates an opportunity to help prevent serious harm to people in hospital environments, and more productive workplaces that continue to deliver the highest standards of patient care.

The OHA will continue to advocate for all system stakeholders to take part in the creation and implementation of sound, workable solutions in an effort to prevent workplace violence from occurring within our hospitals.

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