

Quality Improvement Plan Guidance: Workplace Violence Prevention

Revised February 2019

Background

A health system with a culture of quality creates the conditions for staff to thrive, and ensuring their safety is one element of this.¹ Workplace violence is a significant issue in the health care sector. The extent of this issue and its effect on workers in our health system has increasingly been recognized in Ontario.

In May 2017, the Workplace Violence Prevention in Health Care Leadership Table released a report, [Preventing workplace violence in the health care sector](#), that includes 23 recommendations to make hospitals safer, reduce incidents of workplace violence, and improve attitudes and workplace safety culture. One of these recommendations was to include workplace violence prevention in the Quality Improvement Plans (QIPs) (see [Recommendation 19](#)).

Accordingly, the issue of workplace violence prevention has been integrated into the QIPs submitted by hospitals, primary care organizations, long-term care homes, and local health integration networks (which oversee home and community care).

Workplace violence prevention has been incorporated into the QIPs in two ways: first, a free-text statement is included in the QIP Narrative for all sectors (hospital, primary care, long-term care, and home and community care); and second, a mandatory indicator measuring workplace violence is included in the QIP Workplan for the hospital sector only. The ultimate goal is to foster a culture of workplace safety across the health care sector in Ontario.

The purpose of this guidance

The purpose of this guidance is to support hospitals in meeting the expectations around the mandatory workplace violence indicator included in the QIPs for the hospital sector. Although primarily written for those in the hospital sector, this guidance also includes information that will be helpful for organizations in the primary care, long-term care, and home and community care sectors as they integrate workplace violence prevention into their QIPs.

This guidance was prepared in collaboration with Health Quality Ontario's Quality Improvement Plan Workplace Violence Prevention Guidance Task Group. Members are listed in Appendix A.

Addressing workplace violence prevention in the QIPs

Workplace violence prevention has been incorporated into the QIPs in two ways:

1. A free-text statement included in the QIP Narrative for all sectors (hospital, primary care, long-term care, and home and community care)
2. A mandatory indicator included in the QIP Workplan for the hospital sector only

1. Free-text statement in the QIP Narrative for all sectors

Leadership in your organization should strive to make workplace violence prevention a strategic priority.

All organizations that submit QIPs will be asked to answer the following updated question in their QIP Narratives:

Is workplace violence a strategic priority for your organization? (yes/no).

If yes, describe how it is a priority – for example, is it included in your strategic plan, do you report on it to your board, or have you made significant investments to improve in this area?

For hospitals, completion of this field is mandatory.

2. Mandatory indicator in the QIP Workplan for hospitals

For the hospital sector, a 2017 amendment to O. Reg. 187/15 under the *Excellent Care for All Act, 2010* requires hospitals to include mandatory indicators in their QIPs, to be specified annually by the Minister of Health and Long-Term Care upon the advice of Health Quality Ontario. An indicator measuring workplace violence was selected as the first mandatory indicator for 2018/19 and again for the 2019/20 QIPs.

This indicator measures the number of workplace violence incidents reported by hospital workers within a 12-month period.

Hospitals will also be asked to provide the number of employee full-time equivalents in their organization in order to provide context on the size of the organization (for example, to help understand the number of incidents in an organization with fewer than 500 employees versus an organization with more than 10,000 employees).

Full details about this indicator are outlined in the indicator technical specifications, attached as Appendix B.

Improving reporting of incidents of workplace violence

The goal of addressing workplace violence is to reduce the number of violent incidents that occur and foster a culture of reporting. However, by necessity, the QIP indicator measures the number of violent incidents that are *reported by workers* – and workplace violence is known to be underreported.²

As your organization improves reporting and develops a culture of safety, the number of reported incidents of workplace violence may rise. This effect is expected and should be encouraged. It will be necessary to look beyond the number of incidents reported to truly understand the types of incidents

being reported and the broader issue of workplace violence within your organization. Strategies to do this are presented within this document.

Getting Started

Evidence suggests that quality improvement initiatives are most likely to be successful when there is strong organizational leadership, a supportive culture of improvement and team work³, and staff that are familiar with quality improvement methodology.⁴ The CEO, Board, and senior leadership have ultimate responsibility to protect workers from workplace violence, and should provide resources and support to address workplace violence through the QIP. They will also be responsible for integrating workplace violence into your organization's strategic priorities.

Build your team

Addressing workplace violence requires an integrated approach. In addition to staff who are typically involved in your quality improvement work, you should include representatives from the Joint Health and Safety Committee on your team (as specifically indicated in [Recommendation 19 of the Leadership Table's report: Workplace violence included in Quality Improvement Plans](#)). Include both workers and managers from the Joint Health and Safety Committee to fulfill both perspectives.*

Also consider including the following representatives:

- Patient advisors
- Senior leadership
- Human resources
- Professional practice
- Clinical ethicists

Review key resources

There are several key resources that can provide helpful overviews as you begin integrating workplace violence prevention into your QIP:

Workplace violence prevention

To learn about workplace violence prevention in the health care sector in Ontario, refer to:

- [Preventing workplace violence in the health care sector](#), the report of the Workplace Violence Prevention in Health Care Leadership Table (released May 2017)
- [The Public Services Health & Safety Association's Workplace Violence Prevention website](#), which includes information, tools, and resources related to workplace violence prevention
- The Ontario Ministry of Labour's guide, [Understand the law on workplace violence and harassment](#), along with the [Occupational Health and Safety Act, 1990](#) and [O. Reg. 67/93: Health Care and Residential Facilities](#)

If you have specific questions, you can [connect with a consultant](#) through the Public Services Health and Safety Association to receive coaching on workplace violence.

* According to the *Occupational Health and Safety Act, 1990*, hospitals are required to consult with their joint health and safety committee when developing, establishing, or putting into effect measures and procedures for the health and safety of workers. [O. Reg. 67/93, s. 8]

Engaging patients

When preparing to engage with patients, refer to:

- Health Quality Ontario's guide, [*Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers*](#)
- The Workplace Violence Prevention in Health Care Leadership Table's handbook, [*Engaging patients and families in workplace violence prevention: a handbook for organizational leaders in healthcare*](#)

QIPs

Review the [annual QIP planning materials](#), which include:

- The QIP Guidance Document, which provides an overview of how the QIPs work; and
- The Indicator Technical Specifications (see Appendix B for the technical specification of the number of workplace violence incidents indicator)

If you have specific questions related to the QIPs, contact a quality improvement specialist at Health Quality Ontario at QIP@hqontario.ca.

Understanding the Problem

During this phase, your team will investigate your organization's current state with regard to incidents and risk of workplace violence. This includes reviewing your current data and reporting systems, and thoroughly investigating data related to workplace violence incidents. To ensure you have a comprehensive approach, consider examining the consequences of workplace violence beyond the overall number of incidents.

To understand the data, root and contributing causes of workplace violence need to be investigated. In doing this, your team should be able to create a measurement plan and set targets for improvement. The root causes that come to the forefront during this analysis will serve to focus your team's efforts as you work to design ideas for improvement (i.e., 'change ideas').

Collect data to understand the problem of workplace violence

Identify which reporting systems you have in place that already capture these measures

Data on the overall count of incidents of workplace violence might be captured in your patient relations systems, patient safety databases, workload complaint database, and/or Workplace Safety and Insurance Board/occupational health and safety databases.

Identify additional sources of data

- Employee engagement surveys or the [Pre Risk Assessment Survey](#) developed by the Workplace Violence Prevention in Health Care Leadership Table
- Security reports
- Code White reports
- Feedback from suggestion boxes or focus groups with workers
- Workplace inspection reports, grievances, and employee assistance support utilization
- Results of workplace risk assessments you have already conducted
- Workload complaints

Calculate the number of workplace violence incidents reported by hospital workers within a 12-month period

Incidents of workplace violence are counted according to the **number of reports by hospital workers**. This means that in some cases, a single event will affect more than one worker. All workers who perceived a threat of physical violence or encountered actual violence should submit a report. The incident count will be equal to the number of incident reports.

Each worker has a responsibility to report all incidents of workplace violence, and each organization has the responsibility to measure these incidents. Workers include physicians, students and contracted staff. These workers may not be direct employees of the hospital. Data must be captured at the worker level for Workplace Safety and Insurance Board and Occupational Health and Safety purposes.

See Case Study #1 for an example of how to count the number of incidents when more than one worker is involved. Full details about how to measure this indicator are outlined in the indicator technical specifications, attached as Appendix B.

Case Study #1: Counting the number of incidents of workplace violence

A 62-year-old man who was accompanying his wife to the emergency department grew agitated with the long wait times for care. He began to yell and threatened a physician, who called a Code White. Two security guards, four nurses, and three other staff responded to the Code White.

The man continued to act with aggression, which resulted in the following:

- Two security guards were hit
- The physician who called the Code White was distressed and went home to recover
- One nurse was threatened with death
- Three nurses and three other workers were threatened with assault, but helped to de-escalate the situation.

In this situation, all 10 people who were present should ideally submit an incident report as each of these incidents might result in different consequences that should be tracked. If all 10 people submit incident reports, this will be counted as 10 separate incidents of workplace violence. Although the physician and the two security guards may not be directly employed by the hospital, they are included in the definition of “workers”; therefore, their reports need to be counted as incidents of workplace violence.

Determine the number of full-time equivalents in your organization

You will need to submit the number of full-time equivalents in your organization. Contact your finance department to learn this information.

Analyze data and identify opportunities for improvement

Consider the following approaches to understand your system more fully:

- Hold a [Kaizen event](#). Compare your current processes to the Leadership Table’s recommendations and complete a gap analysis.
 - This may help you to identify processes that could be redesigned to prevent workplace violence, and will allow the entire team to become familiar with the processes.

- Conduct an analysis of the root and contributing causes of workplace violence. The Joint Health and Safety Committee should be involved (see Recommendation 4 from the [Preventing workplace violence in the health care sector report](#)).
 - Consider using tools such as fishbone diagrams ([Instruction Sheet](#) | [Worksheet](#)) or the 5 Whys ([Instruction Sheet](#) | [Worksheet](#)) as you conduct these analyses.
- Create a Pareto chart of the categories of workplace violence, and complete a failure mode and effects analysis (FMEA) or an [impact effort matrix](#) to inform your priorities for improvement.
- Engage your workers, patients, caregivers & families, unions, Joint Health and Safety Committee, and other community stakeholders throughout this process to help you identify areas of priority and potential change ideas.

Risk assessments

Workplace risk assessments can help you to identify risks of harm in the workplace and determine what precautions might be required to control these risks. They are important tools to understanding your system and designing possible solutions. Different risk assessment tools are available; for example, the Public Services Health & Safety Association has developed Workplace Violence Risk Assessment Toolkits for [Acute Care](#), [Community Care](#) and [Long-Term Care](#) that may be helpful.

Set targets for improvement

Zero incidents of workplace violence is the theoretical best for this indicator. However, this may not be a realistic goal if you are in the early stages of addressing workplace violence and are working to build a culture that supports incident reporting. You may not know whether to expect a net increase in the number of incidents of workplace violence (due to increased reporting) or a net decrease (due to a true reduction in workplace violence). If your organization's focus is to improve your reporting culture, you may opt to target to increase the number of incidents (especially if you are able to also include information about any of the stratifications included in Understanding Your System). On the other hand, if your organization's reporting culture is well-developed, you may opt to target to decrease.

Whatever target you select, it's important to provide a thorough explanation in the Target Justification section of the QIP Workplan. You can also discuss this in the QIP Narrative. A thorough explanation will help your reader to understand why you may not be targeting to decrease the number of reported incidents of workplace violence at this stage of your work.

Designing and Testing Solutions

In this phase, your team will have the opportunity to design and test different improvement ideas that directly address the root and contributing causes of workplace violence you have identified.

Design change ideas to address workplace violence

Look to existing recommendations and resources for addressing workplace violence

There are many approaches to addressing workplace violence that have already been applied in the Ontario context. The table below offers a few key change ideas and resources for addressing workplace violence that will be used by many organizations across the province.

Change ideas from the Recommendations of the Workplace Violence Prevention in Health Care Leadership Table's report, [Preventing workplace violence in the health care sector](#)

- **Recommendation 3.** [Embark on a journey to create psychologically safe and healthy hospitals](#). Adopt voluntary standard CSA Z1003, Psychological Health and Safety in the Workplace. The standard encourages organizational leaders to strive towards psychologically safe and healthy workplaces, providing capacity for quality improvement activities.
- **Recommendation 14.** Engage patients, families, and staff in identifying triggers, behaviours, and interventions. [Triggers and care planning in workplace violence prevention](#) is a resource that will assist with identification of triggers and development of care plans to mitigate workplace violence risks.
- **Recommendations 16 and 17.** Identify worker learning needs, using the [training matrix](#), and link to resources such as those related to [responsive behaviours and complex needs](#) available from brainXchange.
- **Recommendation 20.** [Creation of consistent communication protocols between external care environments](#). Creating consistent communication protocols to address and/or document the potential for patient triggers, responsive behaviours, and/or interventions will help to limit the risk of violence to health care workers and patients as patients transition from one organization to another (e.g., from a long-term care home to a hospital).

Resources from the Public Services Health & Safety Association's Violence, Aggression, & Responsive Behaviour Project

The Public Services Health & Safety Association has developed several toolkits through their [Violence, Aggression, & Responsive Behaviour Project](#). These toolkits provide practical, step-by-step instructions for assessing the workplace for risks and mitigating the risks that are identified. They are available for the acute care, home/community care, and long-term care sectors:

- [Individual client risk assessments](#)
- [Flagging](#)
- [Security](#)
- [Personal safety response systems](#)

Upcoming resources

- The Registered Nurses' Association of Ontario is currently working to update their Best Practice Guideline on [Preventing and Managing Violence in the Workplace](#)

Visit [Quorum](#), Ontario's health care quality improvement community, for more change ideas, measures, and references.

Learn about what other organizations across the province are doing

Your team can use [Query QIPs](#) to learn what other organizations are doing to address workplace violence as reported in their QIPs. This website allows you to run reports to see what change ideas organizations are implementing and how this corresponds to their performance. When reviewing other organizations' data, remember that the data is self-reported and not risk adjusted. Each organization has unique characteristics such as size, rurality and populations served. Consider if you could implement any of these ideas in your area.

Describe your change ideas and associated process measures in your QIP

Once you select the change ideas you will be testing, you can enter them in the QIP online submission tool ([QIP Navigator](#)), in the Workplan Indicator row on Workplace Safety under the Planned Improvement Initiative column. Describe how you are implementing these change ideas in the Methods column. You will need to include at least one process measure for each change idea.

Test change ideas to determine whether they are resulting in improvement

Use Plan-Do-Study-Act (PDSA) cycles ([Instructions](#) | [Worksheet](#)) to test whether the change ideas you are using are resulting in improvement.

You may need to design and use process measures specific to the change ideas you are working on. For example, if you plan to provide training, you will want to measure the percent of staff who have received the training as a process measure.

Implementing and Sustaining Changes

During this phase, you will formally implement the change ideas that have successfully resulted in improvement into everyday practice in your unit or department.

Formalize a robust reporting system

Ensuring that all staff members adopt the changes requires a robust reporting system to monitor adoption and make the data visible to workers and leadership. [Recommendation #18 Reporting systems](#) suggests you use data you are already collecting.

It is important to recognize that the number of reported incidents is likely to rise initially as a culture of safety and improvement are realized. This may be a positive sign of increased reporting.

Communicate and publicly share data on workplace violence

Data on workplace violence need to be visible to the improvement team. Providing feedback on the progress achieved (or not achieved) allows the team, as well as the affected staff, to celebrate their success or take action to resolve any issues. Public communication will facilitate ongoing buy-in and participation in the efforts to prevent workplace violence.

As you develop these communications, be sure to include messaging about the importance of reporting all incidents of workplace violence. Consider framing this as part of the organization's overall work on quality.

Integrate workplace violence prevention into standard organizational practices

Build information about workplace violence prevention activities into orientation programs and policy and procedure manuals, and add accountabilities to job descriptions. Reminder systems, audits, and tools such as checklists may keep the new processes top-of-mind and reduce the chance of errors.

Spreading Change

Often, change ideas are initially implemented in specific units, and will need to be rolled out to the entire organization. Once the change has been implemented organization-wide, think about how you might spread the change to other organizations.

Spread successful change ideas within your organization

Consider the following when developing a spread plan for your organization: What specific workplace violence prevention strategies need to be spread to which areas, and by whom?

Enlist more leaders to operationalize the changes in different environments, but keep a clear line of communication to the team and the Joint Health and Safety Committee.

Spread the change and share your lessons learned outside your organization

The recommendations outlined in the report of the Workplace Violence Prevention in Health Care Leadership Table will require system-level collaboration in order to create safe work environments for all workers in the hospital sector.

Look for opportunities to collaborate and partner with other groups and organizations as you address this important issue. Consider participating in [Quorum](#), Ontario's health care quality improvement community. On Quorum, you can start a group to collaborate on workplace violence initiatives, share your lessons learned from a particular project, or ask a question of the quality improvement community.

References

1. Health Quality Ontario. Quality Matters: Realizing Excellent Care for All. Queen's Printer for Ontario, 2017. Available from: <http://www.hqontario.ca/Portals/0/documents/health-quality>
2. Arnetz JE, Hamblin L, Ager J, Luborsky M, Upfal MJ, Russell J, Essenmacher L. Underreporting of workplace violence: Comparison of self-report and actual documentation of hospital incidents. *Workplace Health Saf* 2015;63(5):200-10.
3. Singer SJ, Benzer JK, Hamdan SU. Improving health care quality and safety: the role of collective learning. *J Healthcare Leadership* 2015;7:91-107.
4. Kaplan H, Brady P, Margolis P, et al. The influence of context on quality improvement success in health care: a systematic review of the literature. *Milbank Q* 2010;88(4):500-559.

Appendix A. Health Quality Ontario's Quality Improvement Plan Workplace Violence Prevention Guidance Task Group

Name(s)	Organization
Sudha Kutty (<i>Chair</i>)	Health Quality Ontario
Terri Aversa	Ontario Public Service Employees Union
Laurie Cabanas	Ontario Hospital Association
Erna Bujna	Ontario Nurses' Association
Andréane Chénier / Bridget Pridham	Canadian Union of Public Employees
Sonja Glass	Member, QIP Advisory Committee
Joanna Noonan	Kingston Health Sciences Centre
Peter Smith	Institute for Work and Health
Cathy Stark	London Health Sciences Centre
Henrietta Van Hulle	Public Services Health & Safety Association

Appendix B. Indicator technical specifications for the mandatory indicator for hospitals: Number of workplace violence incidents

Indicator Name NEW	Number of workplace violence incidents (Overall)
Mandatory, Priority /Additional indicator?	Mandatory
Dimension	Safety
Direction of Improvement	If your organization is focused on building your reporting culture, your QIP target for this indicator may be to increase the number of reported incidents. If your organization’s reporting culture is already well-developed, your QIP target may be to decrease the number of incidents occurring.
Type	Outcome
Description	This indicator measures the number of reported workplace violence incidents by hospital workers (as by defined by OHSA) within a 12 month period
Unit of Measurement	Number of workplace violence incidents reported by hospital workers
Calculation Methods	Number of workplace violence incidents reported by hospital workers within a 12 month period Inclusions: The terms “worker” and “workplace violence” as defined by under the Occupational Health and Safety Act (OHSA, 2016)
Numerator	N/A
Denominator	N/A
Risk adjustment	N/A
Current performance: reporting period	January 1 – December 31
Data source	In house data collection The number of reported workplace violence incidents is available via your organization’s internal reporting mechanisms.
How to access data	Hospitals are encouraged to use their in-house hospital incident and patient safety reporting systems for determining the number of reported workplace violent incidents
Comments	For quality improvement purposes, hospitals are asked to collect data on the number of violent incidents reported by workers, including physicians and those who are contracted by other employers (e.g., food services, security, etc.) as defined by the Occupational Health and Safety Act. Worker means any of the following: <ul style="list-style-type: none"> • A person who performs work or supplies services for monetary compensation. • A secondary school student who performs work or supplies services for no monetary compensation under a work

experience program authorized by the school board that operates the school in which the student is enrolled.

- A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university or other post-secondary institution.
- A person who receives training from an employer, but who, under the Employment Standards Act, 2000, is not an employee for the purposes of that Act because the conditions set out in subsection 1 (2) of that Act have been met.
- Such other persons as may be prescribed who perform work or supply services to an employer for no monetary compensation.

Workplace violence is defined as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. It also includes an:

- attempt to exercise physical force against a worker in a workplace, that could cause physical injury to the worker; and a
- statement or behaviour that a worker could reasonably interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

For more information please see the following resources to identify recommended practices and change ideas, key terms, references, etc.

[Preventing Workplace Violence in the Health Care Sector Report](#)

[Ministry of Labour Workplace Violence and Harassment Key Terms and Concepts](#)

While there is no denominator for this indicator, organizations are asked to include the total number of hospital employee full-time equivalents (FTE) in the measures section of the QIP Workplan. This information will be useful to support QIP analysis and interpretation (e.g., organizational size). Full time equivalence data is accessed via hospitals human resource information systems and, by definition, may not necessarily include all 'workers' included in the indicator.

If the count of incidents is ≤ 5 the value will be suppressed.