

Workplace Violence Prevention in the 2018/19 Hospital Quality Improvement Plans

May 2018

Workplace violence is an important issue in all health care systems.

To help address this issue, the [Workplace Violence Prevention in Health Care Leadership Table](#) recommended that workplace violence prevention be incorporated into the 2018/19 Quality Improvement Plans (QIPs), specifically via a mandatory indicator for the hospital sector as well as a free-text statement.

In response, the Minister of Health and Long-Term Care directed inclusion of workplace violence prevention in this year's QIP for hospitals.

Workplace violence prevention was incorporated into the QIP under the quality domain of 'safety', recognizing that similar to the work that has been done to address patient safety, it will be critical to develop a culture for reporting, preventing, and addressing incidents. In keeping with quality improvement science and the format of the QIP, hospitals were asked to describe their planned improvement activities – i.e., specific, measurable activities that will help organizations to achieve the improvement goals outlined in the indicator.

Free-text statement (all sectors): *A narrative description of how the organization has focused on workplace violence as an organizational priority.*

Indicator (hospital sector only): *Number of reported workplace violence incidents by hospital workers (as defined by the Occupational Health and Safety Act) within a 12-month period.*

While directed by the Minister of Health and Long-Term Care, to operationalize this indicator HQO collaborated with several stakeholders, including Public Services Health and Safety Association, the Ontario Hospital Association, Ontario Nurses' Association, Canadian Union of Public Employees, the Institute for Work and Health, and several hospitals.

About the Indicator and Planned Improvement Activities

The indicator included in the 2018/19 QIPs:

- Goes beyond just hospital employees and covers physicians, subcontractors, some groups of students, etc.
- Goes beyond just the most serious incidents which have been reported to the Ministry of Labour under the *Occupational Health and Safety Act, R.S.O. 1990* and Workplace Safety and Insurance Board requirements, and also includes attempts and threats of physical violence
- Focuses on improving a culture of reporting and transparency
- Can be used proactively to mitigate the frequency and seriousness of incidents

- Asks organizations to not only report on performance, but to also describe concrete activities that will help them improve

Please see the indicator technical specification presented in Appendix A to learn more about the indicator, including definitions of “worker” and “workplace violence”.

Interpreting the Data

- Given that this was the first year for this indicator, many hospitals are collecting baseline data.
- Numbers should not be totalled to determine an overall number of incidents.
- Given that the data reflects different hospital types with different numbers of full-time equivalents and combinations of services provided, caution should be exercised in comparing hospitals.
- When exporting data using the Query QIPs function of the QIP Navigator, note that the Excel file may include multiple rows for each hospital (for example, a hospital that had included three planned improvement activities for this indicator would have three rows in the file). Ensure that you take this into account when reviewing and analyzing the data.
- To support a culture of quality improvement, current performance on the indicator should be reviewed in conjunction with the hospital’s performance target, target explanation, and planned improvement activities.

If you have questions about how to analyze this data, please contact the QIP team at QIP@HQOntario.ca. To read more about how organizations can use quality improvement methodology to prevent workplace violence in the health care sector, please review our [guidance document](#).

Appendix A. 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 – December 2017
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:

- 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-

	<p>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.</p> <p>If the count of incidents is \leq 5 the value will be suppressed.</p>
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