"Collaboration and Engagement in Violence Prevention"

Thomas Hayes, Marc Page, Debra Bournes, Nancy Johnson, Kim Monette, Ines Lonz, Heather Garnett, Kelly Johnston & Dominique Leger

Background

The Ottawa Hospital (TOH) is a multi-campus academic hospital located in Ottawa, Ontario, Canada. There are 1,202 beds and 13,100 employees who are members of the Ontario Nurses' Association, the Ontario Public Service Employees Union, the Canadian Union of Public Employees, and the Professional Institute of the Public Service of Canada as well as researchers, volunteers, physicians, learners, and non-union staff involved in patient care and support services

In 2014 it became apparent to hospital leadership that staff safety was not being provided the same attention or priority as patient safety. TOH had received hundreds of regulatory orders including many on violence prevention as well as consultation of the various workplace parties. Key issues included the following.

- Poor relations and trust between unions, management, joint health and safety committees, and front line staff
- No standardized way to inform staff when a patient had been flagged for violence.
- Inconsistent communication on how to respond to violent events.
- Unclear roles and responsibilities for involved personnel.

Project Objectives

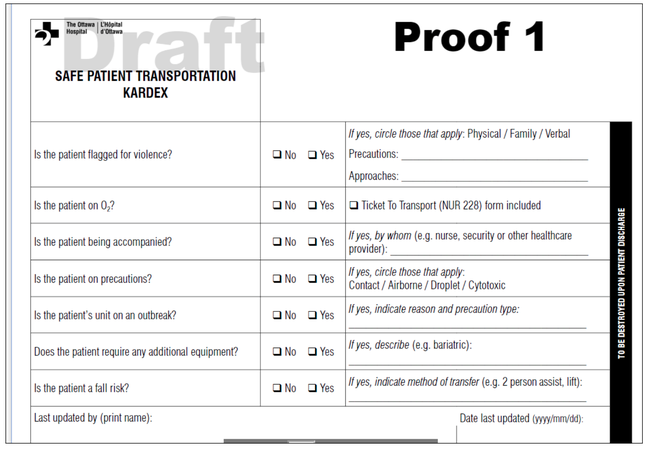
In 2017, TOH and ONA embarked on a collaborative project to build a model health care sector-leading, effective, sustainable workplace violence prevention program. This program supports our policy to take whatever steps are reasonable to prevent incidents of violence and harassment in the workplace while providing world class quality of care to patients. This project also supported our recent addition of Staff Experience as one of four organizational strategic objectives as important as Patient Experience, Better Quality and Lower Cost, and Healthier Populations.

Framework

The project used the CQI model of Plan, Do, Study, Act as well as small focused action teams. We established the following guiding principles to ensure effective collaboration.

- Effective Internal Responsibility System (IRS) and clear safety responsibilities
- Build on successes. Don't re-invent wheels.
- Leapfrog from Best practices (researched and networked).
- Focus on priority units and then spread to others.
- Be Proactive, focus on things the small teams can implement.
- Tight time-frame.
- Maintain regular and direct communication between unions, joint health and safety committees, and senior leadership.
- Communicate and replicate successes to other areas.

Work groups used the PDSA cycle iteratively to implement, evaluate, and then adjust to fine tune and improve adoption.



Method and Changes

Three areas (Mental Health, Emergency, and Acquired Brain Injury) were prioritized. TOH's Chief Nursing Executive and ONA's Provincial President were project co-sponsors. Other union and administrative leadership was engaged through a Workplace Safety Council (WSC). Training was provided to leaders in target areas to support a shift in culture. Management and front-line stakeholders were engaged through our Joint Health and Safety Committees (JHSC) and our innovative Violence Prevention Working Group (VPWG). Small action teams with dedicated time away from normal work engaged in problem solving and implementation of new practices; included nursing, management, security, care environment staff, and others. Teams identified key practices of Safety Huddles, Safety Log Books, and Code White Debriefing to be implemented in all pilot areas for learning and deployment organization-wide if successful. In addition several other system wide process changes were implemented.

Identified Barriers

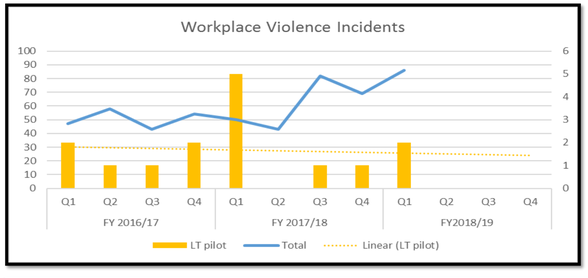
- Lack of visible leadership commitment.
- Low staff engagement in problem solving.
- Inconsistent communication between all areas within TOH.
- Inconsistent implementation and use of tools.
- Poor alignment of priority between staff and patient safety.

Identified Facilitators

- Engagement of Labour groups, Joint Health and Safety Committee members, and front line staff in problem solving.
- Dedicated time for small working groups to problem solve and implement solutions.
- Joint project ownership by Senior Executive and Union President
- High ownership of problem by executives, placing it as a priority on corporate work plan and scheduling regular personal visits.

Description of the outcome

Our history of orders received from the Ministry of Labour has improved dramatically since 2014 and follow up inspections in spring 2018 resulted in no orders and acknowledged the implementation of unique and collaborative approaches that promote the IRS and a healthy safety culture. Reporting of violent incidents across the organization has increased, while the number of injuries corporately and incidents in pilot areas has decreased. Lessons learned and feedback from front line staff is used to prioritize efforts where they can be most impactful. TOH has been acknowledged by ONA as an organization dedicated to leading practice and working together to prevent violence. Code White Debriefing tools have been implemented corporately. Safe patient Transfer Kardex and Discharge envelope systems have been implemented. Progress is definite and more work is needed.



References

https://www.workplace-violence.ca/
http://violence.ona.org/
https://cupe.ca/orders/violence-prevention-kit
https://opseu.org/information/opseu-guide-violence-and-harassment-work
https://www.ottawahospital.on.ca/en/quality-safety/planning/quality-improvement-plan/