Measuring, understanding, addressing, and ameliorating the effects leading to workplace-based violence and code whites in healthcare

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VP Legal Portfolio: Marc Toppings

Measuring, Understanding, Addressing and Ameliorating the Effects Leading to Workplace-Based Violence and Code Whites at University Health Network

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What will we talk about today?

Agenda
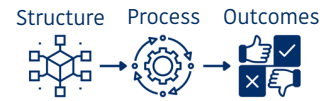
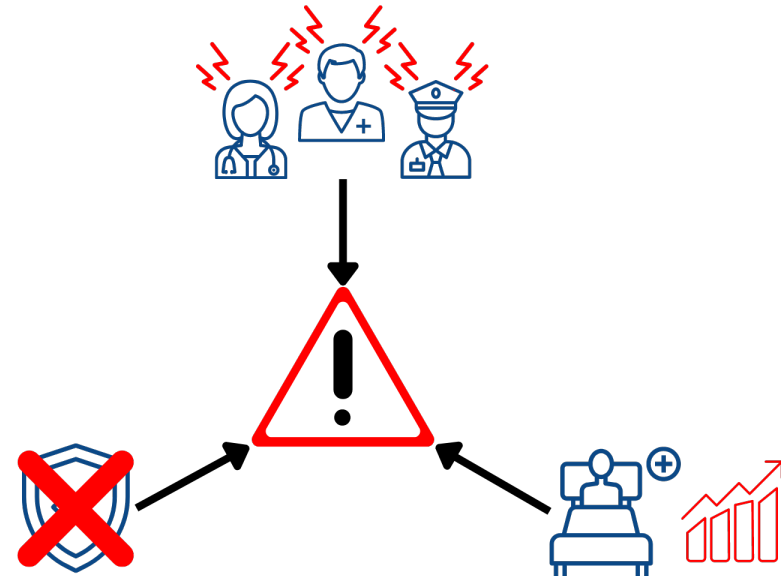| 1	**What is workplace violence in healthcare?**
2	**How can we address workplace violence from an organizational level?**
3	**How can we effectively measure workplace violence at our organization?**
4	**What strategies exist to ameliorate the effects of workplace violence?**
5	**What questions do you have?**

What is workplace violence in healthcare?

An overview of Workplace Violence at UHN

- **Increase in WPV incidences**
  - **Rate of WPV incidences has increased from 1.13 incidences per 1000 visits to 2.52 incidences per 1000 since the beginning of the pandemic**
  - **ED staff and clinicians most likely to face WPV**

- **Increase in number of ED patients**
  - **Increase in number of patients**
  - **Longer wait times**
  - **Increased staff and patient stress**
  - **Staff burnout**
  - **Negative environments**

- **Security and Safety**
  - **Comparative Toronto-wide ED security staffing levels low**
  - **Environmental risks identified**

What is workplace violence in healthcare?

Defining Workplace Violence and Code Whites

Definition of Workplace Violence (World Health Organization)	Definition of Workplace Violence (Occupational Health and Safety Act, Ontario, Canada)	Definition of Code White (Public Services Health & Safety Association, Ontario, Canada)	Definition of Code White (University Health Network, Toronto, Canada)
" ... incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health"	a. The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; b. An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; c. A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.	**Definition:** Code White is a coordinated and trained emergency response to a care recipient, worker, or visitor displaying violent behaviours that may cause harm or injury to others, themselves, and/or is damaging to property. **Reasons:** Worker perceives themselves or others in danger from a person's behaviours; Person's behaviours are harmful to self, others, or damaging to property; Person's behaviours are escalating towards physical violence; Person's behaviours are unmanageable for workers and resources.	**Definition:** An emergency response for a violent person. **Reasons:** The person is verbally and/or physically threatening towards themselves, staff, patients/clients, and/or visitors; The person is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting, and problem-solving techniques by the staff; The person may require restraint (chemical and/or physical) and is anticipated to be resistive to the restraining procedure; and/or, urgent assistance is required.

What risk factors or warning signs do you observe at your healthcare institution?

Environmental Risk Factors

Societal Risk Factors

Clinical Risk Factors

Organizational Risk Factors

Economical Risk Factors

How can we address workplace violence from an organizational level?

Systems Engineering Initiative for Patient Safety

Structure • Process • Outcomes

External Environment

The UHN Security WPV Quality Improvement team is currently engaged in a quality improvement project consisting of 12 sub-projects

Tools and Technology

- Behavioural Safety Alert Reporting System
- Personal Alarm Buttons for Staff
- Body Cameras for Security Guards

Organizational Conditions

- Education and Training for staff
- Reporting systems for workplace violence

Physical Environment

- Environmental Indicators for Harm Reduction and Risk Minimization
- Weighted or bolted-down furniture

Tasks · Tools and Technology · Organizational Conditions · Physical Environments

UHN Healthcare Team

Patient

Outcomes for:

Patients

Caregivers

Clinicians, Staff, Learners and Volunteers

Healthcare Organizations

Adaptation, Learning, Improvement

Image adapted from Carayon et al., 2020

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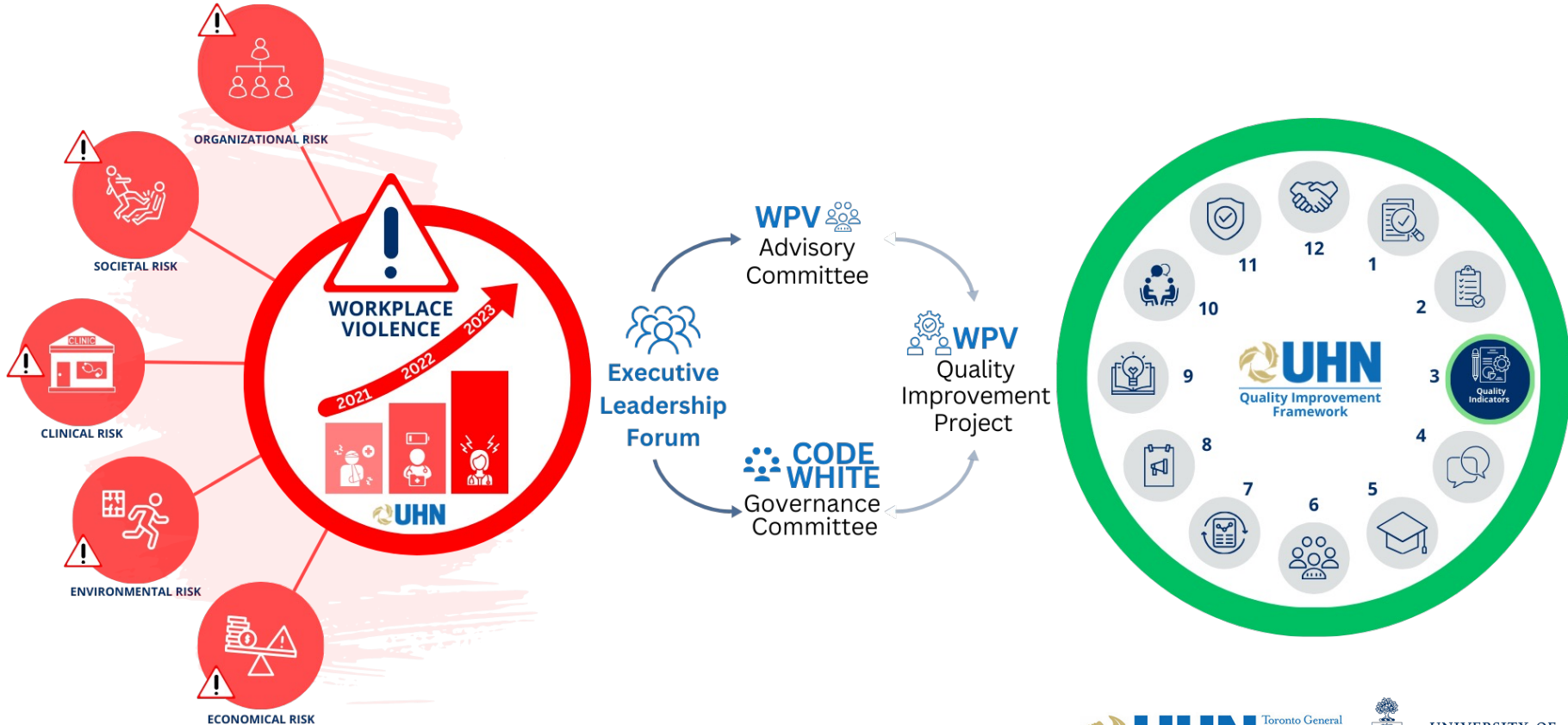# How can we address workplace violence from an organizational level?

An Overview of Functional Units Addressing Workplace Violence at UHN

Code White Governance Committee (CWGC)	• composed of clinical and academic experts in the field of agitation management • provide guidance and structure required to streamline and optimize CW management
Workplace Violence Prevention Advisory Committee (WPVPAC)	• put in place by the UHN executive leadership forum to address WPV across UHN
Workplace Violence Education Collaboration (WPVEC)	• collaboration between Safety Services and Security that is providing staff, learners and volunteers with education related to WPV and CWs
Quality of Care Committee	• involved in reviewing and improving the quality of care provided at the healthcare institution
Safety Services	• prioritizes and monitors the safety of UHN staff and patients
Emergency Preparedness (EP)	• supports UHN in preventing, mitigating, preparing for and recovering from emergency events that impact staff, patient and visitor safety and the delivery of critical services
Facilities Management-Planning, Redevelopment and Operations (FM-PRO)	• responsible for a wide range of tasks related to maintaining the physical environment at the healthcare institution
Security Operations	• responsible for providing UHN staff and patients with protection, security and support

How can we address workplace violence from an organizational level?

An Overview of our Quality Improvement Project

ORGANIZATIONAL RISK

SOCIETAL RISK

CLINICAL RISK

ENVIRONMENTAL RISK

ECONOMICAL RISK

WORKPLACE VIOLENCE

2021 2022 2023

Executive Leadership Forum

WPV Advisory Committee

CODE WHITE Governance Committee

WPV Quality Improvement Project

UHN Quality Improvement Framework

Quality Indicators

More details available during poster session today from 3:45-4:45 PM

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How can we address workplace violence from an organizational level?
Life Cycle of a Code White
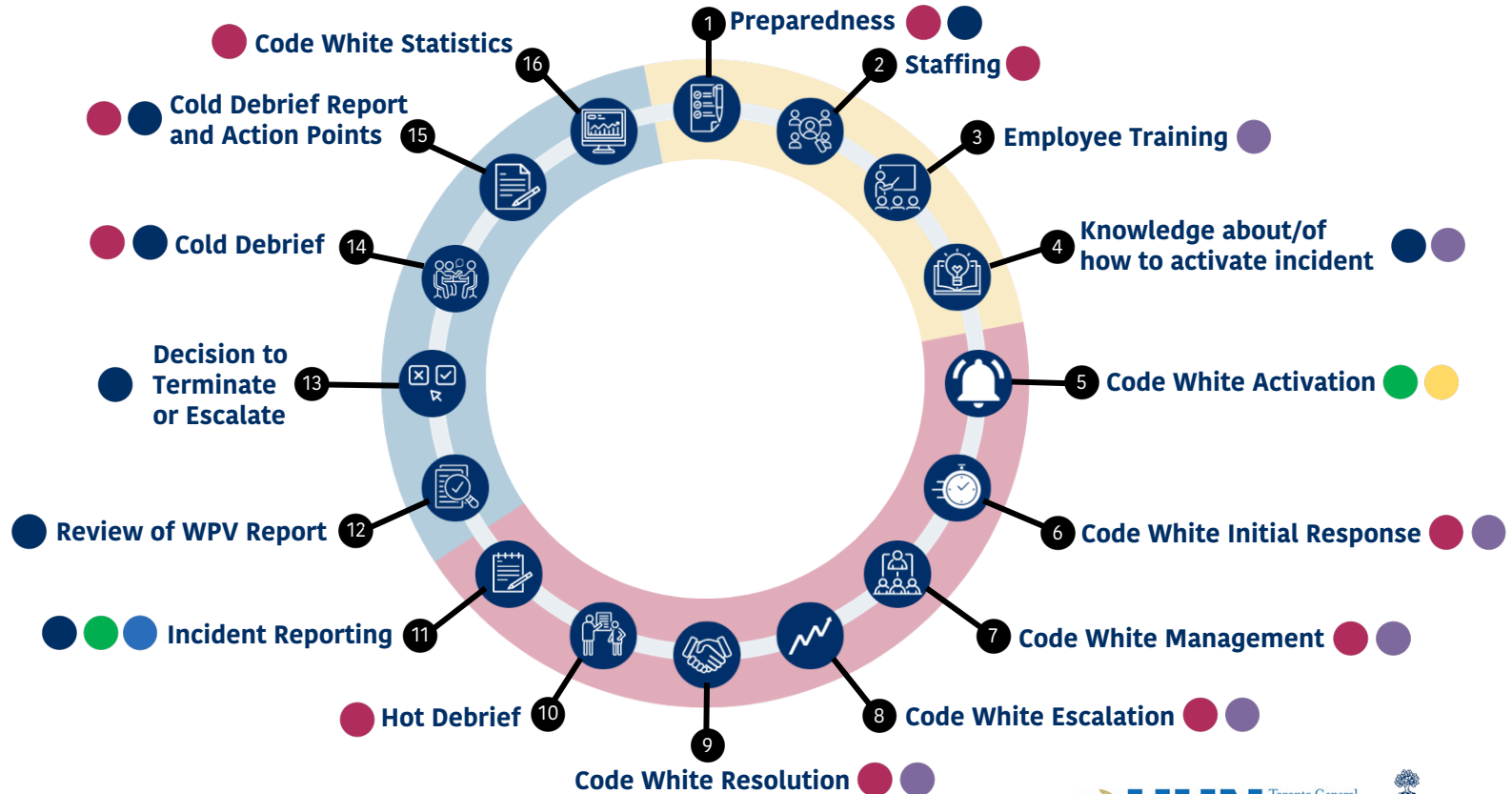
Structure **Process** Outcomes

1. Preparedness
2. Staffing
3. Employee Training
4. Knowledge about/of how to activate incident
5. Code White Activation
6. Code White Initial Response
7. Code White Management
8. Code White Escalation
9. Code White Resolution
10. Hot Debrief
11. Incident Reporting
12. Review of WPV Report
13. Decision to Terminate or Escalate
14. Cold Debrief
15. Cold Debrief Report and Action Points
16. Code White Statistics

More details available during poster session today from 3:45-4:45 PM

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What **approach** would you use to **measure workplace violence** at your healthcare institution?

How can we measure workplace violence at our organization?
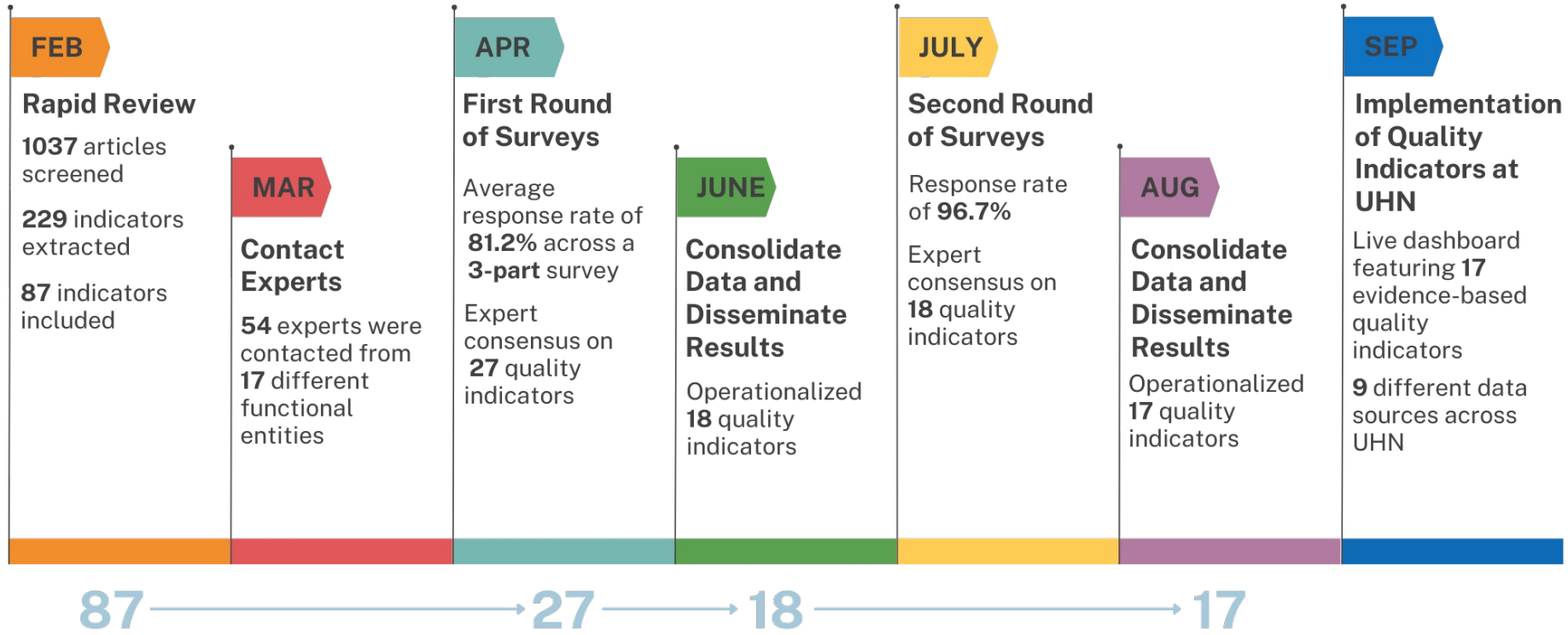
The Delphi Process

Steps involved in the Delphi Process:

1. Review of literature relevant to measuring workplace violence

2. Adapting quality indicators for UHN

3. Consolidating a list of experts of WPV and Safety at UHN

4. Collecting feedback from experts on quality indicators via surveys

5. Consolidating/dissemination of a final set of quality indicators

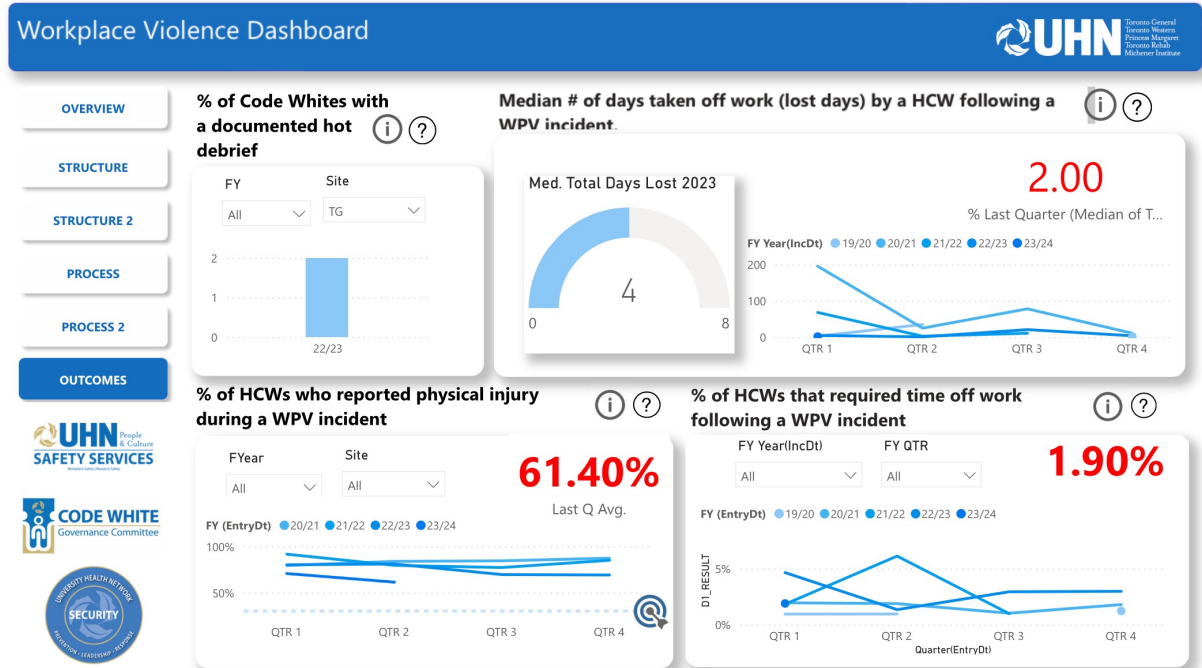# How can we measure workplace violence at our organization?

Delphi Process

FEB — Rapid Review

1037 articles screened

229 indicators extracted

87 indicators included

MAR — Contact Experts

54 experts were contacted from **17** different functional entities

APR — First Round of Surveys

Average response rate of **81.2%** across a **3-part** survey

Expert consensus on **27** quality indicators

JUNE — Consolidate Data and Disseminate Results

Operationalized **18** quality indicators

JULY — Second Round of Surveys

Response rate of **96.7%**

Expert consensus on **18** quality indicators

AUG — Consolidate Data and Disseminate Results

Operationalized **17** quality indicators

SEP — Implementation of Quality Indicators at UHN

Live dashboard featuring **17** evidence-based quality indicators

9 different data sources across UHN

87 → **27** → **18** → **17**

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How can we measure workplace violence at our organization?

Measuring Workplace Violence at UHN with a new Dashboard
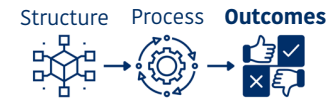
- **UHN-wide live Dashboard**

- **17 evidence-based quality indicators**

- **Data access from 9 different UHN databases**

- **Pulse Survey**

How can we measure workplace violence at our organization?

Pulse Survey

Verbal harassment and threats faced by HCW	**HCWs feelings of well being and safety**	**HCWs perception of organizational support**
Incidents of harm towards HCWs involving bodily fluids	**HCWs satisfaction with team response time to Code Whites**	**HCWs satisfaction with organizational approach to address WPV**
HCWs experiencing psychological trauma following WPV incident	**HCWs that evaluated the WPV incident they were involved in as preventable**	**HCWs satisfaction with organizational communication on WPV**
HCWs offered support by UHN following WPV incident	**HCWs perception of safety in their workplace**	**HCWs perception of unit level leadership support**

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Successes & Hurdles

What strategies exist to ameliorate the effects of workplace violence?
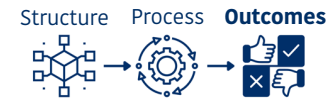Successes and hurdles

Structure **Process** Outcomes

What **interventions** have you implemented to **ameliorate workplace violence** at your healthcare institution?

What strategies exist to ameliorate the effects of workplace violence?

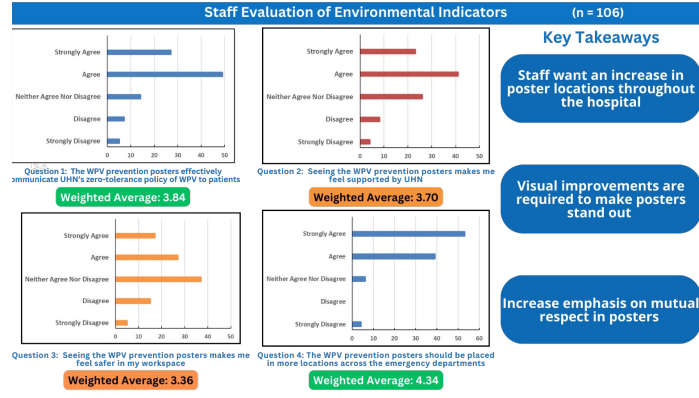Creating change through technology, education and environmental indicators

Mutual Respect

Everyone is entitled to a safe and secure environment. Verbal or physical abuse of staff, physicians, patients, visitors and volunteers will not be tolerated and you may be asked to leave.
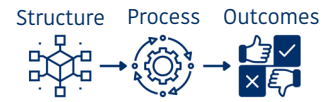
Report incidents immediately at 416 - 340 - 4111 (24/7)

www.uhn.ca/mutualrespect

Staff Evaluation of Environmental Indicators (n = 106)

Question 1: The WPV prevention posters effectively communicate UHN's zero-tolerance policy of WPV to patients

Weighted Average: 3.84

Question 2: Seeing the WPV prevention posters makes me feel supported by UHN

Weighted Average: 3.70

Question 3: Seeing the WPV prevention posters makes me feel safer in my workspace

Weighted Average: 3.36

Question 4: The WPV prevention posters should be placed in more locations across the emergency departments

Weighted Average: 4.34

Key Takeaways

Staff want an increase in poster locations throughout the hospital

Visual improvements are required to make posters stand out

Increase emphasis on mutual respect in posters

Thank you for your time and input!

If you have any additional questions, please reach out to us at: mutualrespect@uhn.ca

www.uhn.ca/mutualrespect

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