Violence in Healthcare Taskforce report - Taking action to reduce violence in Victorian hospitals

A Report to the Minister for Health from the Violence in Healthcare Taskforce

# Message from the Chair

I would like to commend the Minister for Health and the Labor government on their commitment to reducing violence in our healthcare services. I’m sure I speak for all members of the Violence in Healthcare Taskforce (Taskforce) when I say what a privilege it has been to be part of this process.

As you read this report, you will see the findings of the Taskforce revolve around the need for improved awareness and reporting of occupational violence, a consistent approach to equipping the sector to prevent and respond to occupational violence and a better understanding and sharing of learnings, best practice guidance and innovations.

For this reason, the Taskforce is recommending that the Department of Health and Human Services (department) invest its effort on resetting the culture of the public health care system through a multifaceted approach. This approach will focus on building the workplace safety culture within health services, strengthening leadership and accountability, preventing violence by shifting the community’s attitudes towards acceptable behaviours and improving the way the health care sector prevents, responds to and learns from incidents of violence.

The Taskforce’s recommendations set a clear direction and provide the opportunity for the department, health service boards, executives, the staff and community to maximise the benefits of what this report is recommending. Importantly, it will build on these recommendations to increase the awareness, improve the capability and activity in preventing and responding to violence and help the health sector to work together to improve the safety of healthcare workers and their patients in Victoria.

Clare Amies

Chief Executive

WorkSafe Victoria

# Acknowledgements

As Chair, I’d like to thank all members of the Violence in Healthcare Taskforce for the role they played by bringing together their considerable knowledge, wealth of experience, and expert advice that led to the development of the key findings and recommendations contained within this report. Without their time and generous input this would not have been possible.

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President, Australian Medical Association Victoria

* Ms Kathy Chrisfield

Occupational Health and Safety Unit Co-ordinator, Australian Nursing & Midwifery Federation Victorian Branch

* Mr Paul Healey

Assistant Secretary, Health & Community Services Union Victorian Branch

* Mr Martin Foley

Health Workers Union

* Mr Paul O’Connor (August – January)

Chief Executive Officer, Victorian Managed Insurance Authority (resigned in January 2016)

* Ms Shelly Park (August – January)

Chief Executive Officer, Monash Health (resigned in January 2016)

* Simone Corin

Director Health Service Programs, Department of Health and Human Services

* Mr Andrew Davies (proxy February – April)

General Manager Medical Indemnity, Victorian Managed Insurance Authority

* Ms Sue Williams (proxy February – April)

Chief Executive Officer, Peninsula Health

I am particularly grateful for the assistance provided to me by the Department of Health and Human Services’ Secretariat – Janelle Hearn (Principal Project Manager Occupational Violence) and Denise Ferrier (Assistant Director, Service and Funding Projects). Their hard work and advice ensured that the Taskforce was well prepared and supported throughout the process of developing the recommendations and compiling this report for the Minister.

# Executive summary

The Violence in Healthcare Taskforce (Taskforce) was established by the Minister for

Health, in August 2015 with Clare Amies (WorkSafe Victoria) as the Chair. The role of the Taskforce was to identify issues and make recommendations to the Minister for Health on opportunities to reduce violence in Victorian hospitals as well as support the implementation of the government’s election commitments to address violence in healthcare.

The Taskforce met on four occasions. During these meetings, the Taskforce considered the previous reviews and considerable past effort, the current position as identified in the Victorian Auditor General’s report on *Occupational Violence Against Healthcare Workers*, best-practice programs, relevant research, and employer and employee perspectives to form the strategy and recommendations.

As a result, the Taskforce has arrived at findings and associated recommendations that will inform the focus on reducing violence in our health services sector. The Taskforce strongly believes that only through an integrated, comprehensive and collaborative approach that focusses on the underpinning culture of the health system, will change occur. Culture change is only achievable through raising awareness of the issue, building the knowledge and competency needed to act and by taking action to change. As with any culture change, leadership and accountability will be critical in determining success.

The Taskforce recommends immediate actions to:

* conduct an independent expert review of organisational responses.
* develop opportunities to share best practice in order to build capacity across the sector.
* develop and implement a simplified reporting system.
* support collaboration to develop reports that provide health service boards and executives with incident trends and system wide issues.
* develop tools to identify staff training needs and priorities, deliver core, consistent training for occupational violence, including security and post incident response training, and set minimum standards and ways of evaluating the training provided.
* identify and review code grey responses across all health services.
* continue to support the roll out of the Health Service Violence Prevention Fund and evaluation of the projects.
* support the development and implementation of the health facility design guidelines.
* develop key messaging for all health services to prevent occupational violence.
* develop and implement a public awareness campaign to prevent occupational violence.

The Taskforce has recommended that progress towards the reduction of violence in healthcare and an improved safety culture be assessed by key measures and a midpoint evaluation.

# Background:

The Taskforce was established in August 2015 to identify issues and opportunities to reduce violence in Victorian hospitals and support the implementation of the government’s election commitments to:

* address violence in health care settings by focussing on reporting, Code Grey and Black security responses and auditing security staff, and considering other responses including training
* establish a $20 million fund to prevent violence and improve safety in health services
* deliver an Ice Action Plan which includes $1 million for the development of a standard ice training course for frontline health workers who are at risk of violence at work
* support the implementation of the Australian Nursing & Midwifery Federation (Victorian Branch’s) 10 point plan to end violence and aggression
* appoint an expert to ensure the recommendations of the Victorian Taskforce on Violence in Nursing are fully implemented and complied with.

The Taskforce, chaired by Clare Amies, WorkSafe Chief Executive, included representatives from the Australian Nursing and Midwifery Federation, Australian Medical Association, a public health service, the Victorian Managed Insurance Authority, Health and Community Services Union, Health Worker’s Union and the Department of Health and Human Services (department). The breadth of representation within the Taskforce has resulted in comprehensive discussion and clear recommendations on where the focus of work needs to be to deliver real improvement in reducing violence in Victoria’s public hospitals.

The Taskforce was established as a time limited Taskforce with its scope being healthcare settings in public health services, with a focus on acute healthcare services, since these services have a high risk of violence in their environment.

As there has been much work in the area of occupational violence in healthcare settings before now, the Taskforce paid particular attention to mapping and understanding the work that had been carried out previously and had not achieved the desired improvements in making healthcare settings safer for staff, patients and others.

Research on workplace violence has shown that it is more than an episodic problem rather it is a highly complex issue that is influenced by multiple factors. Addressing the variety and complexity of the factors is critical to addressing violence. That is why a multicomponent and multifaceted approach is needed. This work must build on past efforts and bring critical elements together at a systemic level if all parties are to tackle this problem. The Taskforce strategy aims to bring key elements together including the need to focus on building a workplace safety culture, supporting actions that will help to prevent violence, inclusive of shifting the community’s (including employer and worker) attitude towards acceptable behaviours in healthcare settings and improving organisational prevention of and responses to the incident of violence to ensure staff and patients feel safe.

The Taskforce does acknowledge the commitment by the department to establish a designated team to support worker wellbeing and provide a central point of co-ordination, as well as an integrated approach to culture change to address occupational violence and bullying and harassment in healthcare.

# Issues

### Time for change

In consideration of the occupational violence work previously undertaken, Taskforce members identified key issues with the current system and opportunities to build on the work already in place, that the Taskforce believe will have a greater impact on reducing violence and its consequences in healthcare.

Although many of the initiatives and activities previously identified for implementation had good intent, the Taskforce acknowledges that issues such as a lack of leadership and accountability, as well as minimal focus on culture change contributed to varied implementation and little change in preventing and reducing occupational violence in hospitals.

The Taskforce agree that significant improvement in reducing violence in healthcare settings will require a targeted approach.

* Better leadership to guide and support organisational management and responses, with a stronger focus on whole of system and health service approaches.
* More proactively facilitate and share good practice in order to build capacity and reduce fragmentation and duplication across the sector.
* Simplify reporting systems to increase reporting of incidents and inform prevention and controls.
* Deliver a more consistent approach to support the upskilling of the workforce.
* Improve security within hospitals
* Improve guidance on hospital design to prevent violence, and consolidate health facility design guidelines.
* Improve the community’s awareness of violence in both the community and healthcare.

Recommendations for change:

The issue of occupational violence within healthcare settings is complex and multifaceted and an overarching strategy needs to focus strongly on shifting organisational culture and behaviour. The Taskforce recognises that without an approach that enables cultural change across the sector, it is unlikely that initiatives implemented will have a longstanding impact on addressing occupational violence.

The work being undertaken in regards to family violence and safety culture, in terms of bullying and harassment and WorkHealth improvement, has increased awareness of the issues of violence and workplace safety and provides opportunities for alignment. This positions the healthcare sector the community and the whole of government well to achieve change that is system wide, integrated and sustainable.

An overarching strategy that focuses on raising awareness of the problem and potential solutions, building knowledge and competency among the workforce and leadership teams and embedding systems and processes that enable actions to be taken at the individual, service and system levels has been developed to inform the action plan (Attachment 1). It is based on a culture change approach with strong themes of prevention, early intervention and post incident response and details the key strategic objectives and initiatives that the Taskforce consider to be highest priority.

### What are we aiming to achieve?

Cultural change takes time, however, the Taskforce has identified ten key outcomes which it believes can be achieved over the next three years and will bring about key changes and improvements across the system. Achieving these outcomes will require global culture change and unified action at all levels across the system.

The Taskforce endorse the following outcomes:

* 1. Victoria has a systems approach to the prevention of violence within health services.
  2. A culture exists that does not tolerate violence against healthcare staff and supports the provision of an acceptable standard of care that ensures the health and safety of both health professionals and patients.
  3. System level leadership and governance reduces sector wide risk and holds services to account for organisational management, prevention and the response to occupational violence.
  4. There is an integrated approach to identifying, investigating and eliminating or controlling risks. The effectiveness of risk control measures are regularly reviewed from a system and service perspective.
  5. Health Service Boards and management are informed of incidents and risks identified in their organisation and across the system and have oversight and responsibility for the elimination and control of risks within their service.
  6. Healthcare environments are safe for staff, patients and others.
  7. The culture fosters engagement and empowerment to prevent violence in healthcare.
  8. A culture of reporting, feeding back and learning is entrenched.
  9. Where incidents do occur, post incident responses are appropriate to support staff and prevent future incidents.
  10. Health Service Boards, the executive, staff, patients and the community are held accountable for their actions.

The Taskforce has endorsed the department’s workplan that addresses the government’s election commitments, the Victorian Auditor General’s recommendations and the Australian Nursing and Midwifery Federation’s 10-point plan and the recommendations from the Taskforce.

The workplan is ambitious but necessary to target the key issues in a co-ordinated and comprehensive approach and create momentum for effective cultural change. As part of the workplan the Taskforce have endorsed a range of projects which are recommended to be commenced in 2016. It is anticipated that many of the projects will start to address the issues raised by the Taskforce above and will inform the requirements of future work in these or alternate areas.

The attached infographic presents a summary of the strategy and its key components for addressing occupational violence in Victorian health services (Attachment 2).

**Improving organisational prevention, management and responses**

Victorian health services have in place a range of strategies and policies to address, prevent and reduce occupational violence. However there is variability and inconsistency in managing occupational violence. Although previous recommendations from the Victorian Taskforce on Violence in Nursing relate to nursing, further work and findings highlight the need for improvements across the wider workforce and organisation.

An independent expert review to examine the implementation of and compliance with the Taskforce on Violence in Nursing recommendations is needed. The aim is to assess health services’ organisational approach to occupational violence best practice recommendations inclusive of nursing and the wider workforce and organisation. It is recommended that this work commence immediately.

The findings of the expert review should inform the development of an organisational approach framework and principles for the governance and organisational prevention and management of occupational violence and aggression. The review will also help inform the design of future actions to be implemented so that they are more likely to lead to lasting change.

The Taskforce recognises the need for improved reporting and identification of risks and the implementation of appropriate controls and strategies within a risk management framework to reduce or eliminate risk from a service and system perspective.

RECOMMENDED ACTIONS:

* An independent expert review to examine the implementation and compliance of the Taskforce on Violence in Nursing recommendations and organisational responses
* Development of a framework on the organisational approach for Victorian public health services to address the prevention, management and response to occupational violence.

### Spreading best practice

Currently health services have significant variability in the strategies used across the Victorian health system and few formal structures to support the spread of effective strategies beyond the individual entity.

The Taskforce endorses a multi-pronged approach to developing and delivering strategies that support the spread of best practice across health services and stakeholders. The project will utilise the existing leadership groups and explore opportunities to develop tools and support materials, case studies and forums such as Think Tanks to share best practice in a structured way. The Taskforce advises that a reference group will be needed to provide further advice on the implementation of this work.

RECOMMENDED ACTION:

* Develop opportunities for all health services and stakeholders to share best practice in different forums and engaging both management and staff in consultation with a reference group

### Reporting

Reporting of occupational violence is typically significantly under reported due to a number of factors such as culture, lack of feedback and follow up and the existing reporting mechanisms. The Taskforce identifies reporting of incidents as a significant contributor to leading substantial change at both health service and department (as system manager) levels and enabling cultural change.

The Taskforce notes the work already being undertaken by the department to develop a simplified reporting system that encourages reporting of incidents and allow for a better post incident analysis and response that focuses on prevention. The Taskforce supports the continuation of this work.

RECOMMENDED ACTIONS:

* Continue to support the development and implementation of a simplified reporting system
* Support the collaboration with WorkSafe to commission the development of reports that provide health services with information on their incident trends and identify common statewide issues

### Training and education

As highlighted by the Victorian Auditor General’s Office, training content, duration, mode of delivery, assessment and program evaluation varies greatly across Victorian health services. The Taskforce agrees that in order to build the knowledge and competency of the workforce to prevent and manage occupational violence, training needs to be delivered consistently, based on best practice principles and evaluated for its effectiveness.

The Taskforce recommends a suite of projects to address the gaps and variability that exist with the current training arrangements. The Taskforce endorses projects to develop core training, post incident response support, including staff understanding their legal rights, a security module, training tools and resources and an evaluation framework.

RECOMMENDED ACTIONS:

* Develop a core online training module for occupational violence for the State
* Develop tools to identify staff training needs and priorities and provide minimum standards
* Develop a specific security training module
* Establish an evaluation framework for health services to evaluate their training
* Establish training for managers in post incident support for staff

### Response to occupational violence incidents

Overall there has been a positive response from Victorian health services to standardising Code Grey responses in 2015; however, the degree to which Code Grey is embedded in practice and culture appears to vary across and within health services. Therefore, the Taskforce considers that a survey of health services’ code grey responses is required as well as a review of the Code Grey standards which should inform the development of guidance and tools to support consistent implementation of Code Grey responses.

Significant variance in security staffing, management and response to incidents exists across Victorian public health services and it is unclear what factors contribute to a quality security response for particular health services. The Taskforce supports the immediate survey of health services’ security units to identify quality models including security responses, training and management and the translation to a safer healthcare environment for staff and patients.

RECOMMENDED ACTIONS:

* Identify code grey responses across all health services
* Review Code Grey guidance and standards and make recommendations
* Survey all health services’ security models
* Develop statewide guidance and direction regarding security models

### Environmental improvement

The Taskforce notes the work currently underway by the department to improve the hospital environment and its safety via the Health Service Violence Prevention Fund. The Taskforce has provided guidance to the department in regards to the criteria and application process for health services to apply for the first round of the Health Service Violence Prevention Fund. The Taskforce acknowledged a number of common themes and suggests that many of the structural solutions could be overcome with more clear and definitive guidance on new building design and upgrades / refurbishments.

In regards to the national guidelines for health facility design, the Taskforce has raised with the department concerns in regards to the absence or limited use of external opinion in the development and implementation of guidelines in Victoria and would like to see this pursued further to ensure that new and refurbished / renovated facilities learn from previous builds and achieve a safer environment for staff.

RECOMMENDED ACTIONS:

* Continue to support the roll out of the Health Service Violence Prevention Fund and the evaluation of funded projects
* Evaluations of projects funded under the Health Service Violence Prevention Fund should inform future environmental design considerations
* Pursue wide consultation in the development and implementation of the health facility design guidelines

### Increasing awareness

It is recognised that public awareness campaigns focussed solely on health have not been successful in gaining traction in the past and it is recommended that a broader conversation about violence in the community and better education of the community about violence may be required.

The Taskforce endorses the development of a public awareness campaign and consistent messaging that raises awareness of occupational violence and appropriate behaviour.

RECOMMENDED ACTIONS:

* Develop key messaging around occupational violence for all health services to utilise at a local level to promote a consistent message regarding occupational violence
* Develop and implement a public awareness campaign

### Implementing actions

The Taskforce is aware of its short term role to provide advice on the issues, opportunities and priorities in addressing occupational violence. The next phase will be supporting implementation with a specific, targeted approach. The Taskforce supports the establishment of a reference group to assist with the further design and scope of the priority projects and to support frontline implementation beyond the conclusion of the Taskforce. It is proposed that the reference group include representatives from unions and professional organisations, the department, health service representatives including frontline staff, occupational health and safety managers and management, Victoria Police, Ambulance Victoria and WorkSafe representatives.

The Taskforce acknowledges the budget in 2015-16 for the department to initiate the priority projects and activities in addition to the $20 million Health Service Violence Prevention Fund. The implementation of the abovementioned actions may require further support throughout the full implementation and to ensure sustainability.

The integration of strategies and actions identified by the Taskforce with implementation of actions, detailed in other relevant plans such as the ICE Action Plan and *Victoria’s Ambulance Action Plan,* will be important in the successful implementation of the actions. The Taskforce has mapped and considered the work of other relevant committees and advises that the actions should be constantly considered to align with other related actions such as the training and support for healthcare workers treating people affected by the drug ICE. This will be an important factor for the reference group and department.

### Measuring success

The measurement of process and outcome measures will be important in providing the government, Taskforce, department, reference group, health services and the wider community with a gauge of the change in reducing occupational violence in Victorian hospitals. As progress towards the recommended outcomes will be gradual, the Taskforce considers that there are opportunities for quick improvements amidst long term work that involves developing guidance, systems and process.

The Taskforce has agreed that the evaluation and assessment of success via process and outcome measures also be staged across the years 2016, 2017 and 2018. The following key performance measures provide the basis for measuring success and the department will have a comprehensive matrix to measure indicators and outcomes.

Key performance measures:

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| --- | --- |
| **July – December 2016** | **January 2017- December 2018** |
| 100 per cent of health services will report on occupational violence within their 2015-16 annual report | Australian Nursing and Midwifery Federation’s 10 point plan is implemented |
| 100 per cent of health services meet requirements detailed in Statements of Priorities related to occupational violence | The number of substantiated worker compensation claims related to occupational violence has reduced |
| Victoria has statewide core occupational violence training available to all health services | Department of Health & Human Services reports in its annual report on risks and impact of controls related to occupational violence |
| A community awareness campaign is implemented | The percentage of staff statewide injured as a result of occupational violence has reduced |
| Guidance material is available for health services to inform post incident response | Department of Health & Human Services receive Victorian Health Incident Management System reporting from 100 per cent of health services |
| 100 per cent of health service boards will have completed education on occupational violence risk | 100 per cent of health services have post incident response supports in place as per Department of Health & Human Services guidance |
| A training module for health service security staff is developed | The percentage of staff who have completed de-escalation training has increased |
| Department of Health & Human Services convenes forums for sharing best practice in occupational violence | All health service security staff undertake specific healthcare training module |

The Taskforce also recommends a mid-point review by 30 June 2017 to assess progress towards the specified outcomes prior to 2018 and give the department and the government an indication of how the projects and activities have started to address occupational violence.