WORKPLACE VIOLENCE PREVENTION IN HEALTH CARE BRIEF ORGANIZATIONAL ASSESSMENT TOOL: ONTARIO HOSPITALS

BACKGROUND

This assessment tool was developed by the Institute for Work and Health (IWH) to assist Ontario hospitals in identifying where they are in their workplace violence prevention journey. This brief assessment tool is to be formally considered diagnostic of deficiencies in policy and practice, and would not be a substitute for a fully structured program audit.

The assessment tool contains fifteen indicators that align to four dimensions of violence prevention programs:

A: management commitment and worker participation (four indicators)

B: workplace violence risk assessment and hazard identification (five indicators)

C: hazard prevention and control measures (five indicators)

D: program evaluation (one indicator)

HOW TO USE THE HOSPITAL ASSESSMENT TOOL

The response options to each indicator statement are: never, rarely, sometimes, often, always (with the exception of Item D.1, which has a simple yes/no response option).

In the administration of the assessment tool in individual facilities, it is recommended that Joint Health and Safety Committee Co-Chairs lead committee members in a consensus process to assess the hospital's performance on each of the fifteen indicators. It is further recommended that worker members and employer members meet separately to assess the hospital's performance on each of the fifteen indicators, followed by a full committee consensus discussion.

A consensus assessment of an individual indicator statement that is 'never, rarely or sometimes' would indicate a dimension of the violence prevention program that may be appropriate for attention. A facility may seek assistance from external resource experts for advice and assistance.

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Response options to items A.1 – C.5:

never, rarely, sometimes, often, always

A: MANAGEMENT COMMITMENT AND WORKER PARTICIPATION

A.1   Workplace violence incidents are reported to the Board of Directors, the Chief Executive Officer and senior facility management

A.2   The Chief Executive Officer demonstrates leadership and commitment to workplace violence prevention

A.3   The Joint Health and Safety Committee receives and reviews all incident reports of workplace violence

A.4   The Joint Health and Safety Committee is consulted in the development of procedures and training for workplace violence prevention

B: WORKPLACE VIOLENCE RISK ASSESSMENT AND HAZARD IDENTIFICATION

B.1   Incidents of workplace violence are investigated to identify root causes

B.2   The details of events resulting in Code White[1] procedures are consistently recorded and communicated to staff.

B.3   Patients are assessed for behaviors that may indicate an increased risk of aggression or violence

[1] Some facilities may use different code words, other than 'code white', for recording and communicating workplace violence incidents

B.4   Individual risk reduction care plans, including worker safety measures, are made for patients at risk for aggression or violence.

B.5   We use electronic and/or visual tools to communicate to health care staff about violence risk and history of violent behavior in individual patients.

C: HAZARD PREVENTION AND CONTROL MEASURES

C.1   Managers, supervisors and workers have been trained in all workplace violence prevention measures and procedures appropriate to their job

C.2   Near-miss incidents of workplace violence are investigated.

C.3   Healthcare staff follow procedures concerning reporting of patient aggression and workplace violence

C.4   Staff are provided with effective mechanisms to summon assistance when encountering workplace violence or the risk of workplace violence.

C.5   Facility leadership acts on workplace violence prevention recommendations from the Joint Health & Safety Committee.

D: PROGRAM EVALUATION

D.1   We have quality improvement programs in place that incorporate workplace violence prevention that are developed in consultation with the JHSC (yes/no)