Evaluation of the PSHSA's Violence, Aggression and Responsive Behaviour (VARB) toolkits

January 11, 2019

Case study summary report

Cathexis

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About the case studies

This document summarizes the findings from 6 case studies that were prepared as part of an evaluation of the Violence, Aggression and Responsive Behaviour (VARB) toolkits developed by the Public Services Health and Safety Association (PSHSA).

It builds on a summary of the findings from a hospital inventory conducted in May 2018 that found widespread awareness and use of the toolkits among Ontario hospitals.

About the case studies

Purpose: To explore in greater depth how hospitals are using the VARB toolkits, to gather feedback about the toolkits (credibility, relevance, usability, feasibility and helpfulness), and to gain insight into the potential impact of the toolkits within Ontario hospitals.

Timing: The case study research was carried out from July, 2018 to November, 2019.

Sample: The case studies feature six hospitals that had used one or more VARB toolkits. Hospitals were selected purposefully from a pool of 16 hospitals that had expressed interest in the case studies (through the May 2018 hospital inventory). Characteristics of the participating hospitals are shown to the right.

Process: Selected hospitals were provided additional information about the case studies, and were formally invited to participate. In total, 6 hospitals agreed to participate. For each case study hospital, consultants:

- **Interviewed** about 6 individuals who had been involved in using the toolkit(s). Interviewees were identified in consultation with the primary case study contact at the hospital. Across the six hospitals, 36 individuals were interviewed, including 26 managers, leaders or corporate staff and 10 clinical front-line staff (of these, 6 were union representatives on the hospital's Joint Health and Safety Committee (JHSC)**.
- Conducted a brief **survey of staff and managers** asking about their feelings of safety and their perceptions of the hospital's violence prevention efforts. Across the six hospitals, surveys were completed by 225 non-unionized staff/managers and 685 staff who were union members.
- Requested and reviewed relevant **documents and data** (e.g., policies, program documents, workplace violence Quality Improvement Plans, WVRAT outputs, past staff surveys, historical data on events or injuries).
- Prepared a **case study summary**, which was shared with the primary case study contact for review.

Data collection tools are included in Appendix A.

HQO hospital type/model

- 2 small hospitals
- 1 large community hospital
- 1 chronic/rehabilitation hospital
- 1 specialized mental health hospital
- 1 teaching hospital

LHIN

- 2 South West
- 1 Champlain
- 1 Toronto Central
- 1 North Simcoe Muskoka
- 1 North West

Toolkits used

- 6 WVRAT
- 2 ICRA
- 2 Flagging Toolkit
- 3+ Security Toolkit
- 2 PSRS Toolkit

* One hospital was invited to participate but declined because staff were too busy with other initiatives. An alternate hospital was selected, and agreed to take part.
** At least one union member was interviewed at each hospital. Unionized staff were offered the opportunity to be interviewed separately from managers.

How hospitals are using the toolkits

The case studies shed light on the myriad of different ways Ontario hospitals are using the VARB toolkits. This section explores the **reasons** the case study hospitals used the toolkits, describes **how they used them**, and explores their **impacts** on workplace safety in those hospitals.

The box to the right provides a high-level summary of the findings, with more details provided on the following pages.

Summary of key findings

Hospitals are using the VARB toolkits because the toolkits give them confidence that they are doing the right things – and doing enough - to protect staff from workplace violence.

There was no single way of using the toolkits. Instead, the toolkits seem to be flexible enough that hospitals can adapt them according to their own needs and contexts. The ways the hospitals used the toolkits can be loosely grouped into three broad categories:

1. Use the recommended tools and processes to identify and address safety risks
2. Use toolkit materials to plan for new builds, units or programs (i.e., to build in safety in the planning phase)
3. Validate existing programs, policies and processes against the content of the toolkits, to ensure alignment with best practice

The impacts of the toolkits have been mainly positive. Key benefits have included:

- Increased awareness and understanding of workplace violence/aggressive behaviours and their risk factors.
- Providing a concrete starting point for hospitals that don't have programs or processes in place.
- Increased confidence in / acceptance of decisions that are based on the toolkits.

Hospitals are using the VARB toolkits because they **provide confidence** that they are **doing the right things – and doing enough –** to keep their staff safe

The case study hospitals used the VARB toolkits to help them address violence and aggressive behaviour in the workplace. There was pressure from multiple fronts to take action on workplace violence:

- At all six of the hospitals, staff were raising concerns about workplace violence and safety (violence and aggression were not necessarily increasing in all of the hospitals, but workers were becoming more aware of their rights and less willing to tolerate violence as just "part of the job")
- In four of the hospitals, the local chapter of the Ontario Nurses Association (ONA) was pushing for change
- The Occupational Health and Safety Act was updated in 2016, establishing expectations for employers to take all reasonable precautions to protect their staff from physical violence, threats of physical violence, or harassment in the workplace

The hospitals saw VARB toolkits as an authoritative source of information about what they should be doing to address workplace violence. Using the VARB toolkits gave them confidence that:

- They were meeting legislative requirements and/or Ministry of Labour (MOL) expectations, since the Ministry of Labour had endorsed the toolkits. (3 hospitals)
- They were doing enough to keep staff safe (4 hospitals)
- Their efforts were well-aligned with best practice (4 hospitals)

In two of the hospitals, their previous work with PSHSA consultants contributed to their decision to use the VARB toolkits.

The toolkits are **sufficiently flexible** that hospitals starting at different points can use them in different ways

It was common practice for hospitals to start with risk assessment and then to use other toolkits as needed. Beyond that commonality, there was no single way that the hospitals used the VARB toolkits. Each hospital had a different starting point, and adapted the toolkits (with varying degrees of success) according to their own needs and contexts.

The ways the hospitals used the toolkits can be loosely grouped into three broad categories:

1. **Identify and address safety risks**: Some hospitals used the tools and processes to identify and control risks within the hospital.
2. **Build safety in from the start**: Some hospitals used the toolkits ahead of time, to plan for new builds, new units, or new programs.
3. **Evaluate or validate existing practices**: Some hospitals used the content of the toolkits to review and validate existing workplace violence policies, processes and programs, to ensure alignment with best practices.

The vignettes to the right provide examples of each type of use

1. Identify and address safety risks

A small hospital engaged a PSHSA consultant to help them carry out a workplace violence risk assessment. Over a four-day period, the PSHSA consultant and members of the hospital's Joint Health and Safety Committee (JHSC) did risk assessments of all hospital departments. They met with department managers and staff, walked through the departments, took photos and gathered documentation. The consultant compiled the information and prepared summary reports and action plans. As a result, the hospital has implemented a new communication system, introduced a new system for tracking staff training, and launched an awareness campaign.

2. Build safety in from the start

A large teaching hospital was preparing to establish a new program site within a different hospital. Before the site opened, the hospital did a workplace violence risk assessment so appropriate controls could be put in place ahead of time. Representatives from both hospitals were involved in the process.

A rehabilitation and complex care hospital plans to use the Security toolkit at several points over the coming years as it undergoes construction and expansion.

3. Validate / improve existing practices

A specialized mental health hospital already had comprehensive mechanisms in place to ensure a safe environment. They have used the toolkits as 'best practice' reference documents for assessing their own practices. Working groups used the toolkits to evaluate policies, risk assessment processes, security and flagging programs and personal safety response systems. While the existing practices mostly met the mark, the working groups identified some improvements.

A large community hospital recognized that its existing patient alert code system was not helpful for communicating the risk of violence on a day-to-day basis. A working group used the Flagging toolkit to refine the system, adding temporary alert codes that were much more effective for communicating risk in real-time.

Using the toolkits **increased awareness** of workplace violence, **provided concrete ideas** for improvements, and **enhanced confidence** in decisions

All six of the sites identified benefits to using the toolkits. The graphic below summarizes the main types of benefits they experienced. Specific examples of these benefits are provided on pages 8 through 15, in the sections about each of the toolkits.

Increased awareness of workplace violence

The process of using the toolkits – because they were designed to engage a wide range of stakeholders across the hospital – has increased awareness and understanding of workplace violence/ aggressive behaviours and their risk factors.

Provided concrete ideas for improvements

The specific examples and resources provided in the toolkit provided a very helpful starting point for establishing new programs, policies or practices. These were especially helpful for hospitals that were starting for scratch, but they also provided ideas that were useful for improving established programs and systems.

Enhanced confidence in decisions

The toolkits gave hospitals more confidence in the decisions they were making, particularly in situations where they were making high stakes decisions about expensive resources. In addition, use of the toolkits increased acceptance and support for key decisions/changes from all parties, because the toolkits were seen as credible by both union/labour groups and hospital leadership.

Feedback about specific toolkits

We assessed the toolkits on five dimensions that are critical to user experience and value:

1. **Suitability:** Toolkit is suitable to range of acute care contexts
2. **Credibility:** The practices being recommended are (and are perceived to be) "best practices"
3. **Usability:** Toolkit is easy to use (clear purpose and instructions, easy to find information, limited potential for misuse)
4. **Feasibility:** The resources required to use the toolkit are reasonable, do not cause undue hardship
5. **Utility:** The toolkit addresses a difficult/pressing problem, and helps individuals/hospitals do things better/faster/more easily, and the benefits are apparent to stakeholders

Each dimension was assessed as poor, mixed or strong, based on interviews with stakeholders who had used the toolkits at the six case study sites. The interviews also provide insight into what is working well with the toolkits, what challenges they had, and how the toolkits can be improved.

Overall, feedback about the Flagging, Security and PSRS toolkits was quite positive. There are some significant issues with the WVRAT that will need to be addressed (especially the online assessment tool). The table below provides a high level overview of the feedback. More detailed findings for each toolkit are presented on the following pages.

Dimension	WVRAT	Flagging	Security	PSRS
Used at…	*6 hospitals*	*2 hospitals*	*4 hospitals*	*2 hospitals*
Suitability	Strong	Mixed	Strong	Strong
Credibility	Mixed	Strong	Strong	Strong
Usability	Poor	Strong	Strong	Mixed
Feasibility	Mixed	Strong	Strong	Strong
Utility	Strong	Strong	Strong	Strong
Working well	Emphasis on engaging staff, useful examples	Flexibility, practical examples	Well structured, useful for array of orgs.	Validating, explore gaps and suitable devices
Challenging	Usability, online tool	Suitability for high-risk populations	Requires creativity in applying concepts	Volume of information difficult to navigate
Suggestions	Align to standard, clarify instructions	More on ethics of flagging	Tailor examples to rural/remote settings	Improve access to support

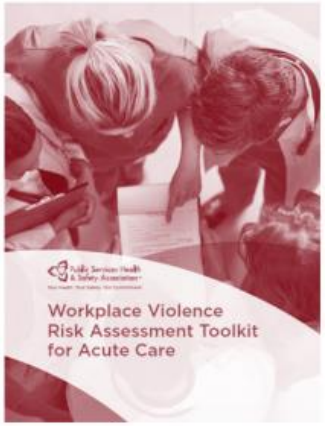
ASSESSMENT RATINGS

Strong: Toolkit satisfies all conditions for this dimension

Mixed: Toolkit satisfies the conditions in some cases but not others; its value in some settings may be lower than it could be

Poor: Significant concerns or gaps that are having a serious negative impact on use and/or value

Feedback about the WVRAT



The WVRAT provides a structure and process to monitor the risk environment and the effectiveness of controls to reduce incidents of workplace violence and minimize the harm caused by violent incidents. The toolkit includes a five-step process for workplace violence risk assessment, a risk assessment and action planning tool (online version as well as PDF), user guides and supporting resources.

All six case study sites used the WVRAT in some way. This section provides an assessment of the WVRAT based on the experiences at all six sites.*

Dimension	Summary assessment	Details
Suitability	Strong	▪ Content is appropriate to an acute care setting ▪ Examples of hazards are relevant ▪ Some found it difficult to use the assessment at small or remote sites (others found it suitable in these contexts)
Credibility	Mixed	▪ Provides a strong approach and process for engaging staff at all levels of the organization ▪ Examples of risks and controls are perceived to be aligned with best practice ▪ MOL endorsement enhanced credibility - hospitals want to make sure they meet MOL standards ▪ Assessing risk for entire areas (rather than specific hazards) is not aligned with risk management standards
Usability	Poor	▪ Some found the risk assessment template difficult to navigate (both PDF and online versions) ▪ Some parts of the toolkit were interpreted in different ways by different people (e.g., risk ratings) ▪ There were some instances of questionable use (e.g., treating example controls as required controls) ▪ Online platform for action planning not intuitive/clear to some users ▪ Online platform generates a large number of actions for each department, including many duplicate actions; there are too many actions, too many notifications, and the reports are too long
Feasibility	Mixed	▪ Risk assessment process is very long and time-intensive ▪ A lot of time was required to fix the output from the online platform (to make it readable) - this made the process take longer than the previous risk assessment process at some sites
Utility	Strong	▪ Helped to create a more safety-conscious culture - brought attention to issues or risks that had not previously been a focus ▪ Increased awareness of risks and controls ▪ Helpful to have examples of what would constitute a risk ▪ Helpful to have examples of best practice controls for the different types of hazards ▪ Online dashboard useful for monitoring high-level progress on the action plans (but it was rarely used) ▪ Reports from the online platform do not meet hospital reporting needs; workarounds were developed by OHS staff and/or PSHSA consultants in all sites that had used the online platform

*For more detailed feedback about the online tool, hazard categories, risk ratings, and risk assessment process, see Appendix B

Feedback about the WVRAT, cont.

Working well

The WVRAT provides a **strong conceptual approach and process for engaging all levels of the organization** in assessing and managing the risk of violence. All six sites reported that use of the WVRAT toolkit helped to engage staff across the organization in understanding risks of violence in the workplace and the importance of protective mechanisms. This engagement was noted to have a variety of benefits including a more safety conscious culture, greater understanding of risks and controls, and opportunity to identify/correct misconceptions.

The toolkit is also **flexible** enough to support hospitals that already have an established risk assessment process as well as hospitals looking to develop a new process to assess the risk of violence in their workplace.

The risk assessment template provides **examples of hazards and controls**, which increases confidence in action planning and implementation of new controls. At various sites it was noted that examples of controls to address gaps were helpful, and in some instances led to recommendations they would not otherwise have thought of.

Challenging

The hazard categories within the WVRAT hazard assessment tool are too high-level to establish a meaningful risk rating or identify and prioritize required controls to manage specific risks of violence.

Inconsistencies in how the case study sites used the WVRAT toolkit indicate that the instructions were not totally clear (e.g., the risk matrix was used differently by different people within the same site; some sites treated the listed controls as examples; others treated them as requirements). At one site, users hadn't even seen the instructions. They had only ever used the risk assessment tool and weren't aware of the broader toolkit.

Significant challenges with the online version of the risk assessment tool were experience by users, these issues undermined their ability to use the tool effectively to conduct a risk assessment, use the dashboard tool, or export results/reports.

A case study site which brought in a PSHSA consultant to assist with conducting a risk assessment eventually created a separate tool in an Excel spreadsheet in order streamline the process, minimize duplication of efforts, and effectively track progress of risk management activities after frustrations in attempting to use the online tool.

Consider changing

Consider revising the hazard assessment tool to be **aligned with a standard in risk management** (e.g., CSA Standard Z1002 - Occupational health and safety - Hazard identification and elimination and risk assessment and control).* Specifically:

- **Add columns for "specific risks" and "existing controls"** within the risk assessment tool
- Adjust the risk assessment tool and process so that hospitals **identify and rate specific risks, not whole areas**. This will make it easier to identify suitable controls.
- **Clarify instructions** for how the toolkit is meant to be used to identify specific risks related to workplace violence, determine whether existing controls are adequate and prioritize the risks needing additional controls. Also ensure that terms are used consistently throughout (e.g., "degree of risk" vs. "risk rating"; "solution" vs. "control").
- **In the online tool, provide instructions for carrying out a risk assessment.** Ensure that the online version is adjusted to reflect any changes made to the toolkit.
- **Enhance the usability of the online tool.** Further user experience testing would identify areas to be addressed to improve the usability of the online tool.

* Information on The Canadian Centre for Occupational Health and Safety's approach to risk assessment can be accessed online: https://www.ccohs.ca/oshanswers/hsprograms/risk_assessment.html

Feedback about the Flagging Program toolkit

The VARB *Communicating the Risk of Violence Flagging Program* toolkit is a suite of resources designed to assist hospitals in planning for, developing, implementing, and evaluating a sustainable workplace violence flagging program (a standardized method to communicate safety-related concerns through cues to draw attention to potential threats of aggressive and violent behavior). The toolkit provides a set of practical tools (e.g. sample policies, signage, fact sheets) and a handbook that includes an overview of the purpose, benefits and types of flagging, and related legal and ethical responsibilities.

Two of six case study sites made use of this toolkit (a large community hospital, and a specialized mental healthcare hospital). This section provides an assessment of the Flagging toolkit based on the experiences at these two sites.*

Dimension	Summary assessment	Details
Suitability	Mixed	▪ Most of the materials were relevant and suitable to the hospitals using the toolkit ▪ While the toolkit is suitable for a general hospital setting, the approach to flagging was not nuanced enough for higher-risk populations (e.g., mental health) which require more specific level-of-risk classification systems
Credibility	Strong	▪ Aligned to known best practices
Usability	Strong	▪ The tool itself was considered easy to use ▪ It includes lots of good examples of practical scenarios and solutions ▪ Stakeholders thought it clearly laid out the ways in which hospitals may want to use a flagging system, and how hospitals can identify where flags and visual cues should be put in place
Feasibility	Strong	▪ The approach to reviewing an existing flagging program or determining flagging needs within a hospital was seen as practical and efficient ▪ Feasibility of integrating new flagging processes into electronic record systems is challenging and limited by IT capabilities, but the toolkit provides other approaches (visual cues) that complement the electronic ones, so flags can still be used to indicate risk
Utility	Strong	▪ Tools were useful for supporting updates to an existing, or creation of a new, flagging program (e.g., sample policies, patient flyers, algorithms, discussions about ethics) ▪ Prompted a good review and discussion of current mechanisms while identifying potential enhancements ▪ The flagging algorithm is a valuable tool for organizations to use in determining the appropriate type of flag, and visual cue to be used ▪ Toolkit could be made even more useful by providing (or linking to) more supportive resources about the ethical/privacy considerations and/or resources about integrating flags into IT systems

*For more details about how sites used specific tools, the benefits of the Flagging Program toolkit in different contexts, and other considerations see Appendix B

Feedback about the Flagging Program toolkit

Working well

Users of the Flagging Program toolkit at the case study sites found it to be a helpful resource whether they were building a new flagging program, updating or improving an existing program, or reviewing the program already in place. The foundational tool, the **Flagging Program Handbook** clearly lays out a structure and process to review an existing program or develop a new one, depending on an organization's starting point**.**

- *Reviewing existing* – in cases where a hospital has an existing comprehensive flagging program that included threats of aggressive and violent behavior, the handbook provides the structure and content for a critical review and discussion of current flagging mechanisms which facilitates the identification of gaps and potential enhancements to the existing program.
- *Creating new* – in cases where a hospital has no flagging mechanism in place to communicate the risk of violence, the handbook provides valuable structure and guidance to support the development of a flagging program.

The toolkit also contains a **suite of complementary resources** that support hospitals to consider and improve existing flagging practices or develop new ones. Useful examples provided in the sample policy, fact sheet, and brochure illuminated key considerations and provided sample content which helped make the process of creating, or improving program materials quicker and easier. Interviewees specifically noted:

- The **Sample brochure** was useful to develop a handout for patients and families that explains patient flagging
- The **flagging algorithm** is a valuable tool for organizations to use in determining the appropriate type of flag, and visual cue to be used
- The **Workplace Violence and Health Information Fact Sheet** prompted important conversations about the need to find a balance between disclosure of information for safety concerns, and protecting the privacy of patients.

Challenging / consider changing

The greatest limitation to full adoption of recommendations and approaches outlined in the Flagging Program toolkit at case study sites were related to electronic patient record systems and IT capabilities. Both case study sites making use of the toolkit identified opportunities for better use of their electronic patient records systems to communicate the risk of violence or aggression. However, in both cases the hospitals were not able to implement an optimal solution within their existing electronic record systems, one of these sites is continuing to explore possibilities to build in flagging alerts in future iterations of their records management system.

Stakeholders at one site suggested that the toolkit include additional resources about effectively integrating flags/alerts into electronic patient record systems. Given the large number of different electronic records systems used within Ontario, it may not be realistic for PSHSA to develop these resources. However, we recommend that the next round of the hospital inventory explore the magnitude of this issue, as it has the potential to seriously limit the impact of the toolkit.

Case study sites felt they needed additional information about communicating with families and visitors about flagging and the ethics of using visual cues. Consider adding information (or linking to relevant external resources) about these topics:

- More guidance on how to communicate about flagging with patients and families (e.g., how to distribute informational brochures, how to talk to families who have questions about visual cues and alerts they observe in the environment).
- More literature and recommendations around ethical considerations (e.g., potential discriminatory nature of visual cues, like wristbands).

It was also suggested by one stakeholder that PSHSA should facilitate linkages to organizations with leading practices in implementing a flagging program, that other hospitals could contact to discuss the approach employed and challenges encountered (peer support model).

Feedback about the Security toolkit

The VARB *Security toolkit* is designed to help community and healthcare organizations establish an effective security program. It aims to increase awareness and understanding of security program functions, program elements and training requirements. The toolkit provides a resource manual with a brief introduction to the functions and roles of a security program

The toolkit was used by four of six case study sites, including a small remote hospital, large community hospital, specialized mental healthcare hospital, and a rehabilitation and complex care hospital. This section provides an assessment of the Security toolkit based on the experiences at these four sites.*

Dimension	Summary assessment	Details
Suitability	Strong	▪ The toolkit was structured in a way that would support almost any workplace setting to apply the content to their environment in order to determine the state of their security program and identify necessary improvement ▪ Toolkit users at a large, multi-site hospital felt the toolkit was less suitable for remote, rural sites that have fewer resources and no on-site security; however the toolkit worked quite well for users at a small rural hospital
Credibility	Strong	▪ Multiple sites noted that PSHSA is a trusted source for this type of information, a confidence that was shared by the labour representatives for the relevant unions
Usability	Strong	▪ Toolkit was clear, easy to understand, well written ▪ There are some usability issues with the online version of the Security Self-Assessment checklist (e.g., clarity of the action items)
Feasibility	Strong	▪ Toolkit approach allowed for efficient and exhaustive review of security programs
Utility	Strong	▪ Useful for hospitals to determine if their security program is aligned with the latest requirements and standards for a safe and secure workplace ▪ Helped to identify existing gaps and supporting an improvement plan including updating policies, procedures, and training activities ▪ Useful for validating and building confidence in hospitals' existing security measures

*For more detailed feedback about how sites used specific tools, the benefits of the Security toolkit in different contexts and other considerations see Appendix B.

Feedback about the Security toolkit

Working well

The Security toolkit was found to be **suitable for wide range of settings**. It introduces universal concepts that are applicable to a vast array of healthcare environments and provides a sound structure to review assess a hospital's existing security program using the Security Self-Assessment Checklist. For example, both a small remote hospital (with no on-site security personnel) and a specialized mental healthcare hospital (maintaining a high-security environment) found the Security Self-Assessment Checklist to be a valuable tool to review their current practices, procedures and protocols. Though a community hospital did identify a poor fit between the toolkit content and some of its more remote sites, other sites found creative ways to adapt the tools for their contexts (e.g. using training resources for security guards to improve orientation materials for a patient watch program).

The toolkit prompted meaningful engagement of a range of hospital staff about security concerns and current approaches, leading to valuable discussions through which **various perspectives related to the safety of the work environment could be explored**. This process was useful for **validating hospitals' existing security measures** and identifying areas to be addressed. The process built confidence among Senior Leadership and union/labour groups that the mechanisms in place are working well and that there is an identified path forward to improve areas of concern.

The fact that the toolkit was developed provincially by PSHSA and was known to the unions (ONA and CUPE) gave heightened **credibility and increased confidence** in the decisions made and changes put in place.

Where gaps in existing security programs were identified, the suite of tools within the toolkit were **helpful to identify solutions or options for improvements**. Sample policies, fact sheets and security training tools provided useful examples for hospitals to consider. Recommendations within the toolkit led some sites to make changes to the physical environment (e.g. lighting, building), enhance existing/introduce new policies (e.g. working alone), develop new security training materials.

Challenging / consider changing

The online version of the Security toolkit has some of the same usability challenges as the online version of the WVRAT assessment tool. Specifically, it is unclear how to assign an action identified through the self-assessment checklist to a specific team member, and there are poor linkages to related toolkits (PSRS/Flagging) where appropriate.

- Address usability issues in online version of Self-Assessment Checklist tool.

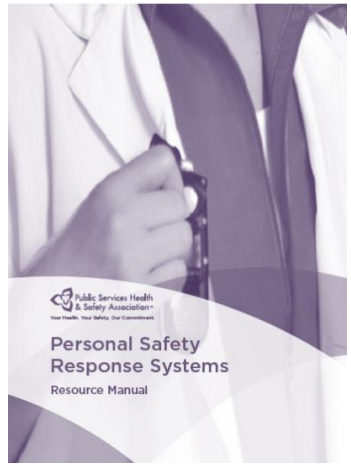
As mentioned earlier, one of the hospitals found it difficult to use the toolkit with its small remote sites.

- Consider tailoring examples and including resources that are specific to small/remote hospitals.

Some stakeholders expressed an interest in having more information about patient restraints and safe rooms (e.g., for violent patients).

- Although the use of patient restraints may go beyond the scope of this toolkit, consider providing links to other resources that specifically deal with patient restraints (particularly creative solutions to patient restraint).
- Consider providing information about what should be in a safe room. There is a need for a standard as to what a safe room should consist of.

Feedback about the PSRS toolkit



The VARB Personal Safety Response System (PSRS) toolkit is designed to help health and community organizations establish an effective PSRS and comply with the OHSA requirement for employers to provide measures and procedures to summon immediate assistance when workplace violence occurs or is likely to occur. The toolkit includes a PSRS resource manual, which provides an overview and a step-by-step guide to implementing a PSRS. Also contained in the toolkit is a legislation checklist, gap analysis and action plan tool, device needs assessment tool, policy and procedure guideline, training considerations and a fact sheet.

Two case study sites (a specialized mental health care hospital and small remote hospital) made use of the PSRS toolkit. This section provides an assessment of the PSRS toolkit based on the experiences at these two sites.*

Dimension	Summary assessment	Details
Suitability	Strong	▪ The Legislation Checklist, PSRS Gap Analysis and Action Plan, PSRS Device Needs Assessment, PSRS Device SWOT Analysis tools were noted as great resources to validate approach and identify needs for personal safety within any hospital setting
Credibility	Strong	▪ Information was well aligned to best practices - the options recommended were aligned with what hospitals had previously explored, and carried weight with management and labour representatives alike.
Usability	Mixed	▪ Some thought the toolkit was well laid out – checklist provided clear direction for reviewing systems; ▪ Some indicated that supportive resources (e.g. webinar, PSHSA consultants) were necessary to support effective use ▪ Some found the tools were more effectively used by a small group (2-3 people) rather than a larger group
Feasibility	Strong	▪ Hospitals found it practical in terms of the approach and content put forward ▪ At one site, all specifications were either aligned with current practices or reasonable to pursue ▪ At another site, upgrades to telephone infrastructure were needed to support a new PSRS; though costly, the investment was perceived to be worthwhile and feasible
Utility	Strong	▪ Makes it easier and faster to identify needs and suitable devices ▪ Helpful to validate, confirm and strengthen commitment to invest in a PSRS ▪ PSRS Gap Analysis and Action Plan helpful to assess current state of response systems, identify gaps, determine next steps ▪ PSRS Legislation Checklist helpful to ensure compliance with applicable legislation ▪ Users see value in the policy and training tools when they get to the stage of implementing a new PSRS

*For more details about how sites used specific tools and the benefits of the PSRS toolkit in different contexts see Appendix B.

Feedback about the PSRS toolkit

Working well

The PSRS was very helpful to **validate, confirm and strengthen the commitment to invest in a PSRS**. A remote hospital had previously identified the need for a new PSRS, which would require complete replacement of the existing telephone infrastructure at the hospital (a costly undertaking). Using the PSRS toolkit did not change the hospital's decisions, but was said to be very valuable to validate the decisions and build confidence and commitment for the investment in a PSRS moving forward.

The **PSRS Gap Analysis and Action Plan** is the core tool in the toolkit. It provides a very helpful process to understand current state of response systems, identify gaps, determine next steps in identifying appropriate devices and implementing a system. The **PSRS Legislation Checklist** was also a valuable tool to ensure compliance with applicable legislation – for example, one site valued that it provided a structure to efficiently review response systems and ensure compliance to legislation, even though the facility already had comprehensive security and response systems in place.

Tools to determine the appropriate PSRS (device needs assessment tool, SWOT analysis tool) helped hospitals **efficiently identify available devices to suit their needs** and ensure they were investing in the optimal solution for their context. Users of the toolkit at a small remote hospital were encouraged by the policy, procedure and training considerations tools and felt they would be very supportive tools when the time comes for implementation of the new PSRS and training of staff therein.

Challenges / consider changing

The toolkit contains a wealth of information, and the sheer volume of it felt overwhelming and difficult for some interviewees. One interviewee noted that the PSHSA webinar about using the toolkit had been invaluable, and that they would have felt overwhelmed had they not watched it.

- Consider streamlining the toolkit and providing clear (simple) directions on how it is meant to be used.
- Alert users to the availability of the webinar. Include a link to the webinar early on in the PSRS Resource Manual, and fix the link on the toolkit download site (the latter was not working properly at the time of this review).
- Alert users that PSHSA consultants are available to answer questions and provide support in using the toolkit (at no charge). One site was not aware that they could access support from PSHSA consultants.

Interviewees at one site noted that the resources could be revised to distinguish between different types of care settings (in-building, on premises but outside main building, in the community), as the main considerations and components for safety response systems differ in each setting.

- Suggest that hospitals do separate gap analyses for each unique type of care setting (e.g., main hospital, satellite location, community care)
- Consider adding more resources pertinent to protective mechanisms to decrease risks to staff working in the community / off site.

Considerations for future toolkit development

PSHSA is now leading the development of an additional four VARB toolkits:

- Incident reporting and investigation (root cause analysis)
- Code white
- Patient transit (inside the facility) and transfer (outside of the facility)
- Work refusal procedures

This section identifies considerations for future toolkits, drawing on the case study findings and the knowledge translation literature. It takes into account not only what is important when developing individual toolkits, but also how the toolkits are organized and presented as a suite of interrelated resources, which will become even more important as further toolkits are developed and released.

The graphic below provides a high-level summary of the considerations, with more details provided on the following pages.

As more toolkits are developed, it will be important to make users aware of the full suite of tools and to help them identify/find the ones they need.

- Create a roadmap showing how the toolkits are interrelated, and a short set of guidelines or instructions for using the toolkits as an interrelated suite of resources.
- Use the roadmap and guidelines as the website landing page content
- Simplify: less is more!

It is only worth investing in interactive tools if they are intuitive, easy to use, and effective.

- Critically consider the value, importance and role of interactive tools
- Design online tools to be user-friendly and fulfil their intended purpose
- Employ principles of user-centred design in developing interactive tools

To be effective, toolkits need to be credible to intended users, worthwhile, and easy to use in their contexts

- Employ principles of user-centred design in developing new toolkits
- Create a style guide based on effective practices in toolkit development
- Structure each toolkit to have a core tool and supporting resources

Optimize the VARB toolkits as a suite of interrelated resources

The VARB toolkits are all interconnected: the WVRAT and ICRA guide the overarching assessment of risks at the organizational and individual patient levels, and then other toolkits provide guidance for implementing different controls to prevent and manage risk or minimize harm.

It is helpful to have separate toolkits for different types of controls. It makes the information easier to process, divides the work into discrete chunks that are easier to tackle, and makes it easier to assign the work to staff with appropriate expertise. However, there is risk (noted by some interviewees) that hospitals will perceive the toolkits to be stand-alone resources and may not realize their full value when used together in an appropriate sequence.

As more toolkits are developed, it will become harder for healthcare organizations to identify and find the one(s) that they need, on the workplace-violence.ca website.

What is needed now is a) **a roadmap or framework** showing how the toolkits are interrelated, and b) **a short set of guidelines or instructions** for using them effectively as a suite of resources. The guidelines should cover:

- How to decide which toolkit(s) to use, and when (e.g., which toolkit they should use first, how often / in what circumstances each toolkit should be used, key benefits of each toolkit)
- How to coordinate efforts across toolkits, particularly if they are being used by different groups (e.g., one case study hospital assigned leads for each toolkit who came together as a larger group to discuss issues, areas of overlap, potential actions and considerations)

The guidelines can become the **core landing page content** on the workplace-violence.ca, making it easy for healthcare organizations to choose, find and access each of the VARB toolkits.

Tips:

- Keep the landing page content streamlined and simple; the goal is to help users find what they need, so less is more!
- The road map can include links to other relevant (non-VARB) violence prevention resources; this will make the workplace-violence.ca website a valuable 'go to' resource

We also suggest making the workplace-violence.ca website a bit easier to find, by enhancing search engine optimization and making the link on the PSHSA workplace violence site more prominent.

Make sure any interactive tools work smoothly and add value

The online version of the WVRAT seems – in theory – like a tremendously useful resource. Teams could be able to do the risk ratings using a tablet when walking around the unit, appropriate suggestions for controls could be generated according to the risk level selected, the system could send people notifications about their actions, and it would be easy to monitor progress in real-time.

The reality of the online platform did not turn out this way. At the hospitals where it was used, the online platform has caused frustration, hours of extra work, and sometimes even alarm. All of them did the risk assessment on paper and ended up using an Excel export of the action plans (which they had to fix up for broader consumption). Only one used the platform to monitor progress. At this point, it is fair to say that the online platform has been more detrimental than beneficial.

What went wrong? There was no single cause of the problems; instead, there were a myriad of small issues that, together, made the platform downright unfriendly for its hospital users. While these issues can be fixed, it will take additional time and resources to do so. (Specific suggestions for improvement have been outlined in Appendix B.)

These types of issues arise in the development of any new application. The best way to mitigate the challenges is to follow **principles of user-centred design**[1] when creating it: engage users at the design phase, test early prototypes with real users, do robust usability testing before launching the application on a broad scale, and build in rapid feedback/improvement processes.

If PSHSA is considering interactive tools for future toolkits, we recommend determining what their added value will be, and whether it justifies the additional time and funds required for good user-centred design. If the needed time and funds are not available, we recommend that you focus your resources on the paper version of the toolkit, and make do without the interactive tools.

[1] See ISO standards for human-centred design: https://www.iso.org/standard/52075.html

Use effective practices in toolkit development

To be effective, toolkits need to be **credible to intended users** (credibility), **worth the time and effort involved** (utility, feasibility), and **easy to use** in their contexts (usability, suitability).

The graphic to the right identifies some of the key practices for enhancing these aspects of a toolkit. Many of these practices are used in the existing VARB toolkits. We recommend employing user-centred design in the development of the new toolkits, as it will further strengthen these practices.

The toolkits will also be easier to use if they have a consistent structure and layout, as users will come to know what they will find in each toolkit and where to find it. We recommend creating a style guide or checklist[1] with style specifications (e.g., fonts, white space, graphics, colours) as well as guidelines for content and how it should be organized.

We suggest that each toolkit include the following sections:

- How to use the toolkit
- A core tool, along with supplementary tools or resources (the Flagging, Security and PSRS toolkits do this well)
- About the toolkit development

Make it credible

- ❑ Describe how the toolkit was developed (link to the evidence base)
- ❑ Have a plan to keep the toolkit up-to-date as the evidence base evolves

Make it worthwhile

- ❑ Describe what benefits people can expect from using the toolkit
- ❑ Find ways to streamline the process and minimize costs

Make it easy to use

- ❑ Organize content into sequential steps
- ❑ Make it easy to navigate (road map, organizational hierarchy, visual layout)
- ❑ Provide clear instructions for using the toolkit and tools – include examples of how others have used it
- ❑ Incorporate an implementation plan (responsibilities, timelines, accountabilities)
- ❑ Include concrete support materials (example policies, training topics, posters)

[1] See this helpful checklist from AHRQ: https://www.ahrq.gov/research/publications/pubcomguide/pcguide6.html#usability

Full list of recommendations

Workplace Violence Risk Assessment (WVRAT) toolkit

- Align approach with a standard in risk management (e.g., CSA Standard Z1002)
- Adjust the risk assessment tool so that hospitals identify and rate specific risks, not whole areas
- Clarify instruction for how the toolkit is meant to be used, and ensure that key instructions are also in the online tool
- Enhance the usability of the online tool

Flagging Program toolkit

- Provide more resources for how to integrate flags/alerts into electronic patient record systems
- Provide more guidance on how to communicate about flagging with patients and families
- Provide further information and recommendations around ethical considerations to flagging

Security Program toolkit

- Enhance usability of online Self-Assessment Checklist tool
- Provide some examples specific to small/remote hospitals

Personal Safety Response System (PSRS) toolkit

- Provide clear directions on how the toolkit is meant to be used
- Ensure users are aware of webinar and PSHSA consultant support

Considerations for future toolkits

Optimize the VARB toolkits as a suite of interrelated resources

- Create a roadmap showing how the toolkits are interrelated, and a short set of guidelines or instructions
- Use the roadmap and guidelines as the website landing page content

Ensure interactive tools work smoothly and add value

- Critically consider the value, importance and role of interactive tools
- Design online tools to be user-friendly and fulfil their intended purpose
- Employ principles of user-centred design in developing interactive tools

Employ effective practices in toolkit development

- Employ principles of user-centred design in developing new toolkits
- Create a style guide based on effective practices in toolkit development
- Structure each toolkit to have a core tool and supporting resources

Appendix A: Data collection tools

Appendix A: Key informant interview guide

Informed consent

The Public Service Health and Safety Association (PSHSA) developed a set of Violence, Aggression & Responsive Behaviour (VARB) toolkits to assist hospitals in Ontario with the management and prevention of incidents of workplace violence. Various hospitals across the province have had some experience using the VARB toolkits and PSHSA has now hired Cathexis Consulting, a third-party consultant, to conduct an evaluation in order to understand uptake and use of the VARB tools in healthcare settings across the province, and how useful hospitals are finding these tools.

[*Hospital name*] is one of six Case Study sites for this evaluation. As part of this Case Study, we are conducting a series of key informant interviews to understand how [Hospital name] has used the VARB toolkits. This information will be used to improve existing toolkits and future tools.

Responses you provide in this interview will be analyzed in combination with other interviews, the results from a survey of staff at your hospital, a review of relevant documentation, and workplace violence data being reported by [*Hospital name*].

By participating in this interview, you are agreeing to have your response used in the analysis and reporting for the Case Study being conducted at [*Hospital name*] as part of this evaluation. In order to ensure accuracy of the responses you provide the interview will be recorded and transcribed. After the analysis is complete all recordings of the interview will be destroyed. Your individual responses will be reported thematically and will not be directly attributed to you. However, Cathexis Consulting* cannot guarantee the anonymity of your responses.

Should you have any questions or require any support, please contact [*Consultant name and contact information*].

* Cathexis Consulting's Privacy Policy can be reviewed at: http://cathexisconsulting.ca/wp-content/uploads/2011/07/Cathexis-Privacy-Policy_EN_Feb-2017.pdf

General questions

What is your role in the hospital as it relates to workplace violence?

From your perspective, what are the top risks or challenges related to workplace violence in your hospital?

What has your hospital done in the past to deal with workplace violence?

What is your hospital trying to do now?

Which VARB toolkits have you personally been involved in using?

Toolkit-specific questions

What made your organization decide to use [*Name of toolkit*]?

Please describe specifically how your organization has used the [*Name of toolkit*].

Who was involved in using the [*Name of toolkit*], and what were their roles in the process?

Who was involved in doing the assessments? *[asked only for WVRAT and Security toolkit]*

How was the [*Name of toolkit*]helpful?

Which of the [*Name of toolkit*] tools did your organization use?

What were the reasons your hospital did not use the other tools in this toolkit?

How would you rate the [*Name of toolkit*] and tools on the following dimensions?:

- Suitability
- Credibility
- Clarity
- Feasibility of the recommended approach
- Utility of the tools and information

How would you improve the [*Name of toolkit*]?

What additional tools or resources does your hospital require?

Follow up Questions

(If applicable) Were there any benefits to using several of the VARB toolkits in conjunction with one another? If so, what were they?

What changes have occurred as a result of your hospital using the VARB toolkit(s)? (e.g., new programs or policies, staff awareness/knowledge, staff behaviour, change in workplace violence)

Appendix A: Survey about workplace violence prevention

Informed Consent

[*Hospital name*] has been taking steps to reduce violent incidents in the workplace. We are asking staff like you to help us understand how well the changes are working. Your feedback will help us continue to improve our efforts.

This survey is also contributing to a broader evaluation of a set of violence prevention toolkits produced by the Public Service Health and Safety Association (PSHSA). [*Hospital name*] is one of six case study sites in that evaluation because we used some of the toolkits to help us implement changes in our hospital.

By completing this survey, you are agreeing to have your response used in the analysis and reporting for the case study being conducted at [*Hospital name*] as part of this evaluation.

Your privacy is important to us.

The survey is being administered by a third party professional evaluation firm, Cathexis. Cathexis will prepare a summary report, which will be shared with PSHSA and [*Hospital name*] .

Individual responses will be kept confidential by Cathexis.* Cathexis will not collect any identifying information from you, and will not use your survey response for any other purpose.

Should you have any questions or require any support, please contact [*contact names, phone numbers, email addresses*].

*Cathexis Consulting Inc. is the third-party professional evaluation firm hired by the Public Services Health and Safety Association (PSHSA) to carry out the evaluation of the Violence, Aggression & Responsive Behaviour (VARB) toolkits. Cathexis Consulting's Privacy Policy can be reviewed at: http://cathexisconsulting.ca/wp-content/uploads/2011/07/Cathexis-Privacy-Policy_EN_Feb-2017.pdf

What is your role at the hospital? (Select the category that best describes your role)

❑ *[Custom list]*

Are you a member of a union?

- ○ Yes
- ○ No

How often do you have contact with clients/patients?

- ○ Every day
- ○ Most days
- ○ Some days
- ○ Seldom
- ○ Not at all

What area(s) of the hospital do you usually work in? (Select all that apply)

❑ *[Custom list]*

You feel physically safe at *[Hospital name]…*

- ❑ All the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ Never
- ❑ Not sure

Has your hospital recently…	**Yes**	**No**	**Don't know**
Assessed the risk of workplace violence?	o	o	o
Implemented a new Security program / updated its Security program?	o	o	o

Appendix A: Survey about workplace violence prevention (cont.)

Please indicate your level of agreement with the following statements.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
My hospital takes workplace violence seriously	o	o	o	o	o
My hospital is taking steps to reduce workplace violence.	o	o	o	o	o
I feel safer as a result of the updates to the Security Program	o	o	o	o	o
My hospital uses clear visual cues (flagging) to indicate that a patient is at risk of violent behaviour.	o	o	o	o	o
The visual cues my hospital uses are respectful of patients' privacy.	o	o	o	o	o
All hospital staff have effective mechanisms to call for help if they encounter a (potentially) violent situation.	o	o	o	o	o
Staff have been trained in use of devices to call for help, as appropriate.	o	o	o	o	o
Staff have been trained in use of devices to call for help, as appropriate.	o	o	o	o	o
Recent changes to the PSRS have/has made our hospital a safer environment to work in.	o	o	o	o	o

Please indicate your level of agreement with the following statements.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable to my job
I have received training about changes to the Workplace Violence Flagging program.	o	o	o	o	o
I have received adequate training about the hospital's security policies & procedures.	o	o	o	o	o
I understand what my role is in the security program at my hospital.	o	o	o	o	o
When approaching a patient, I look for visual cues indicating a risk of violence.	o	o	o	o	o
The Flagging program gives me the information I need to safely interact with patients at risk of violent behaviour.	o	o	o	o	o
I am confident that I can get help quickly if I encounter a (potentially) violent situation.	o	o	o	o	o

Please indicate your level of agreement with the following statements.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
The frequency of incidents of workplace violence at our hospital is decreasing (in the past x months).	o	o	o	o	o
The severity of incidents of workplace violence at our hospital is decreasing (in the past x months).	o	o	o	o	o
In the past x months, we have improved our ability to manage incidents of workplace violence at our hospital.	o	o	o	o	o
In the past x months, we have improved reporting of incidents of workplace violence at our hospital.	o	o	o	o	o
My hospital feels like a safer place to work as a result of changes made in the past x months.	o	o	o	o	o

Appendix B: Detailed findings and suggestions for each toolkit

Detailed suggestions about the WVRAT

Hazard categories

- Combine and/or condense the hazard categories, since there is a lot of overlap in the sub-categories. Stakeholders identified overlap between:
  - Patient risk assessment and communication, and patient care strategies
  - Security and safety measures, Emergency response and security, and Working with objects of value. A lot of this can be combined and just condensed quite a bit.

Risk ratings

- Rating scale categories are ambiguous, so risk ratings end up being subjective. Would be helpful to have stronger definitions or more concrete examples.
- Would like a guiding tool to help resolve disagreements about the risk level
- Make severity x probability matrix less subjective, and ensure that it incorporates psychological/emotional risk
- Clarify that the risk ratings within the smaller baskets are ratings of "unaddressed risk"
- Some example controls provided for low-risk areas don't seem appropriate to this level of risk (e.g., bolting equipment to the ground, using restraints).
- Have a global risk rating for each unit (when no controls are in place)

Process

- Provide options for simplifying the process in hospitals with many departments or areas (e.g., doing a preliminary screening at a higher level, and then identifying top 10 controls that need to be in place for all high risk departments)
- Provide guidance about how to engage hospital leadership to make resource decisions for identified controls

Online tool

<u>Overall functionality</u>

- Embed instructions into the online platform - many users were not aware of the toolkit or user guide
- Make it possible to use the application on a tablet so Assessors can fill it out in the moment
- Add the option to 'undo' an action
- Make the tool more flexible to accommodate turnover (deleting a manager meant deleting data)
- Fix the help section – it was very difficult to use, and led to crashing the system

<u>Risk assessment and action planning</u>

- Make it possible to see the list of hazards when doing the risk rating, since the pop-up window covers it
- Align the rating scale with the PDF version (the online version conflates likelihood and frequency)
- Clarify that the listed controls are potential solutions (i.e., not required)
- Display the list of hazards in the action plan section, especially when selecting the controls
- Make it possible to pre-populate standard controls in the system, or to copy and paste controls from one section to the next
- Make it possible to embed links (e.g., to relevant policies)
- Make it possible for users to choose specific controls rather than groups of controls
- Allow editing of added controls, once entered
- Add an autocorrect or spell-check feature
- Reduce repetition in the action plan. If the same control is identified for 3 hazards, roll it up into a single action rather than having 3 identical actions

<u>Dashboard, reports and notifications</u>

- On the dashboard, add links to the relevant assessments and action plan items (e.g., click on the "In Progress" square to view all actions that are currently in progress, or click on the "high" square to see all hazards with high level of risk, and their associated actions).
- Use industry-standard colours to indicate status: red=overdue, yellow=started, green=done
- Adjust permissions. Department managers should be able to see the full action plan for their department, not only their own personal actions.
- Make the exported reports much shorter: 3 to 6 pages, not 30 to 40.
- Make it possible to export just the selected action actions (not include all of the suggestions) in order to make the export smaller
- Make the notifications more intuitive / easier to understand, ideally providing all needed information right in the body of the email
- If the same action is identified for 3 hazards, send out only 1 notification, not 3
- Make it possible to generate or schedule follow-up alerts for leaders when items are coming up to due date or are overdue.

Further details about the Flagging Program toolkit

Use of specific tools

- **Flagging algorithm** was referred to by a community hospital and used for its language and guidance on how to properly identify patient behaviours. The algorithm helps staff decide whether to make an alert code temporary or permanent a future that the previsions system did not have.
- A community hospital used the **patient flyer** to develop a handout for patients and families that explains patient flagging and reassures that it is not meant to be discriminatory.
- The **Flagging Program Handbook** was the central tool used by a specialized mental healthcare hospital to guide a review of the risk level assignment system in place while the various other tools were considered for potential application within the hospital setting. The handbook was said to very clearly break down the ways in which hospitals may want to flag and identifying where active and passive flags should be put in place.

Benefits of using the toolkit

- Redevelopment of a new approach to flagging through use of the toolkit at a community hospital was reported to have improved staff's ability to monitor and respond to risks for patient violence in an appropriate and time sensitive way. Temporary alert codes can show up on patient electronic records quicker than permanent alert codes, and because alerts are temporary, patients with uncharacteristic or accidental incidents of violence will not be permanently marked for that behaviour.
- Review of the flagging program toolkit by a specialized mental healthcare hospital led the hospital to identify some potential enhancements to the electronic medical records systems to include active flag alerts on patients' electronic files.

Other considerations

- A flagging program is only as strong as a hospital's client risk assessment mechanisms – if clients are not properly assessed for their potential of violent and aggressive behavior, the effectiveness of the flagging and security programs will be undermined as identification of those risks is the first crucial step in communicating and managing them.
- Review of an existing flagging program process at one site was said to have triggered a very good conversation pertaining to how clients risk is assessed, opportunities to standardize those assessments and how the results of client risk assessments are used to inform security, risk level assignment and programming decisions.

Further details about the Security toolkit

Use of specific tools

- A community hospital site is interested in using some of the tools from the Security toolkit. For example, there is an interest in developing a search policy that will allow staff to search patients and visitors for weapons and drugs. The **Sample List of Security-Related Policies and Procedures** may support the development of this policy, and may also be useful for revising and refining the hospital's existing security-related policies.
- A specialized mental healthcare hospital formed a working group who reviewed each tool in order to examine and review the framework of security policies, procedures and protocols in place at the facility. The **Security Self-Assessment Checklist** was used to structure the review of the hospital's existing security program, while the various other templates and sample policies were used to examine the hospital's security efforts and ensure alignment to the standard set out in the toolkit – where gaps or misalignment was found, next steps were recommended to make all necessary changes and additions.
- At a small rural hospital, the sample security policy and procedure resources were said to be useful in supporting revisions to existing security-related policies (such as code-white procedures), while the **Workplace Security Fast Fact Awareness Tool** and **Sample Security Topics for Workers and Managers** helped inform enhancements to the employee health and safety training and the patient watch program.

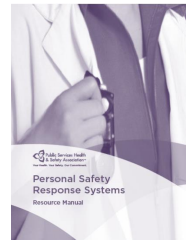
Benefits of using the toolkit

- The Security toolkit helped a community hospital site to better understand hazards faced by security staff, as well as gaps in existing security processes and standards (e.g., Personal Protective Equipment). Other changes included contracting a third-party security company for rural sites and adding security in a site where gaps were identified.
- A security program review using the toolkit at a specialized mental healthcare hospital revealed that, while the security policy and procedures manual at the hospital was quite comprehensive, there were gaps in staff knowledge related to the security measures. This led to the creation of a refresher course for staff about their roles and responsibilities related to safety and security in the workplace.
- The review of security measures using the Security toolkit at a small remote hospital was a beneficial exercise for accounting for all of the mechanisms that should be in place to ensure a secure environment. It made the hospital more confident in the measures that were in place. The hospital revised existing security policies to align with the toolkit's recommended approach, created new policies (working alone, check-in/check-out policies), and improved training for employees related to security in the workplace.

Other considerations

- Additional guidance or coaching would be helpful for smaller sites that have limited resources, to help them find creative solutions for gaps in their security program.
- An emerging gap identified through use of this tool at three sites was a lack of staff knowledge and training pertinent to security. One site moved to create a refresher training course, and make improvements to staff orientation content, but there remains an identified lack of staff relief time to receive training, and limited resources to develop and deliver training to staff.

Further details about the Personal Safety Response System toolkit



Use of specific tools

- A specialized mental healthcare hospital used the **PSRS Legislation Checklist** and the **PSRS Gap Analysis** and **Action Plan** tools. The gap analysis tool was used by an assembled working group to review the current personal safety response systems in place. This group included members of the JHSC, frontline staff, union reps. as well as community/outreach leadership. The legislation checklist tool was used to review current operating procedures to ensure that all practices in place were compliant with applicable legislation.
- Front-line staff at a small remote hospital were involved in the SWOT process using the **PSRS SWOT Analysis** tool – with an opportunity for all staff to have their say about what they see as the major strengths, weaknesses and opportunities for improvement. Front-line staff also had the opportunity to be part of the presentations provided by potential vendors of the new PSRS system.

Benefits of using the toolkit

- Walking through the gap analysis as a group provided a meaningful opportunity to hear about all the work related to the PSRS from various perspectives, according to both case study sites. It generated new awareness and understanding of the various mechanisms in place between the clinical, security and community sides of the organization at one site.
- At a small remote hospital, the credibility that PSHSA and the VARB toolkit brought to the process was said to have created a great deal of confidence among Senior Leadership and union representatives that the path forward for a new PSRS was a well-supported approach.