

Recommended Indicators to Monitor Workplace Violence Activities in Ontario (Long-Term Care)

Background

Quality improvement indicators were originally developed for hospitals as part of the Workplace Violence Prevention in Health Care Leadership Table. They have been adapted for long-term care homes to address the needs of the sector.

Long-term care homes are an environment where residents often feel vulnerable and anxious. This can include, for example, aging residents and their caregivers/care partners, individuals experiencing a physical or mental health crisis, those needing addiction support, and residents who have unmet needs they are unable to express. According to the Canadian Institute of Health Information (CIHI) (2015-16), fifty percent of residents with dementia in long-term care exhibit responsive behaviours. Some examples of responsive behaviours include: verbal or physical aggression (striking, self-harm), exit seeking, resistance to personal care, refusal to eat/take medication, etc. These behaviours may be due to a number of factors including an unmet need (e.g. pain, environment (hot/cold), feeling hemmed in, influences of other residents/staff and social history). Despite the fact that an aggressive action stemming from a responsive behaviour may be due to dementia or an unmet need, if it leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the OHSA, it is still considered workplace violence (herein referred to as workplace violence). Workplace violence in long-term care homes can originate from a number of sources, including from residents and their families and friends or other external people and/or from any employee associated or formerly associated with the workplace.

In order to prevent workplace violence, long-term care homes must:

- Implement written workplace violence policies, measures, procedures and programs
- Conduct risk assessments and re-assessments for the risks of workplace violence
- Ensure staff have all appropriate training required (e.g. trained in dementia care approaches). Refer to Training Matrix Tool.
- Establish measures and procedures to control the risks and for summoning immediate assistance when workplace violence occurs or is likely to occur
- Establish measures and procedures to report violent incidents and investigate incidents and complaints of workplace violence
- Provide information, education and training to management, supervisors and workers so they may recognize and be protected from workplace violence and foster a reporting culture
- Review the measures and procedures at least annually

Introduction and Purpose

In addition to its traditional role in a Health and Safety Management System, workplace violence prevention has become part of the quality improvement culture in Ontario and has been integrated into annual Quality Improvement Plan (QIP) processes. When developing a QIP, a Long-Term Care Home must outline how it will improve the quality of care it provides to its residents. QIPs are a public commitment to meet these quality improvement goals. QIPs are submitted annually to HQO by hospitals, inter-professional primary care organizations, LHIN home and community care, and long-term care homes.

Specific workplace violence prevention indicators have been developed based on the work of the 2016 Indicators, Evaluation & Reporting Working Group, and the Health Quality Ontario Quality Improvement Plans (QIP) Workplace Violence Prevention Guidance Task Group. Indicators have been selected because they reflect issues that are important and relevant to the prevention of workplace violence (important/relevant); knowing performance on them is likely to inform and influence policy or funding, and/or alter the behaviour of health care leaders to implement or improve programs to prevent workplace violence (actionable); and are clear and interpretable to a range of audiences (interpretable).

The purpose of this recommendation is to facilitate measurement of workplace violence prevention using a common set of criteria, in order to:

- support a culture of reporting workplace violence incidents in long-term care
- decrease variation in reporting of incidents
- improve consistency of language and measurement across health care sectors
- To develop tools and resources to support workers in responding to incidences of workplace violence

Development of Long-Term Care Indicators for Collection at the Provincial Level

Consultation with ministries, organizations, workers, unions, residents/caregivers/families and associations will enable provincial data collection and reporting of indicators that are relevant and sensitive to long-term care issues.

Workplace violence prevention will be incorporated into the QIPs in two ways:

1. A free-text statement included in the QIP Narrative
2. An indicator measuring the number of workplace violence incidents (overall)
3. Other indicators to consider: staff to resident ratio; number of behavioural support staff; hours of staff training on dementia care approaches; root causes

Development of further indicators will be considered as required.

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