

health



Preventing & managing occupational violence in Victoria.

Katy Fielding
A/Chief Nursing Advisor
Thursday 18 November 2010

‘There have been some incidents here that haven’t affected me so much, but I know it has affected other [staff]...

They have either been punched or bitten or scratched or stuck with a...I’ve seen their stress and...their behaviour afterwards...’

At the beginning.....

Ministerial Taskforce on Violence in Nursing (Final report Dec 2005)

29 recommendations to be implemented by:

- (DHS), now DH
- Health services/employers &
- Other agencies.

Implementation approach:

Strategy 1: Setting the Framework

Strategy 2: Raising Awareness

Strategy 3: Enhancing the Justice interface

Strategy 4: Education and Training

Strategy 5: Reporting and Monitoring

Hallmarks of implementation

- Broad engagement
- Partnerships
- Whole of health workforce approach
- Proactive rather than reactive
- OHS approach (hierarchy of control)
- Application of evidence/data to find solutions.
- Processes and approaches that reflect Victorian governance structures

Setting the framework

Including:

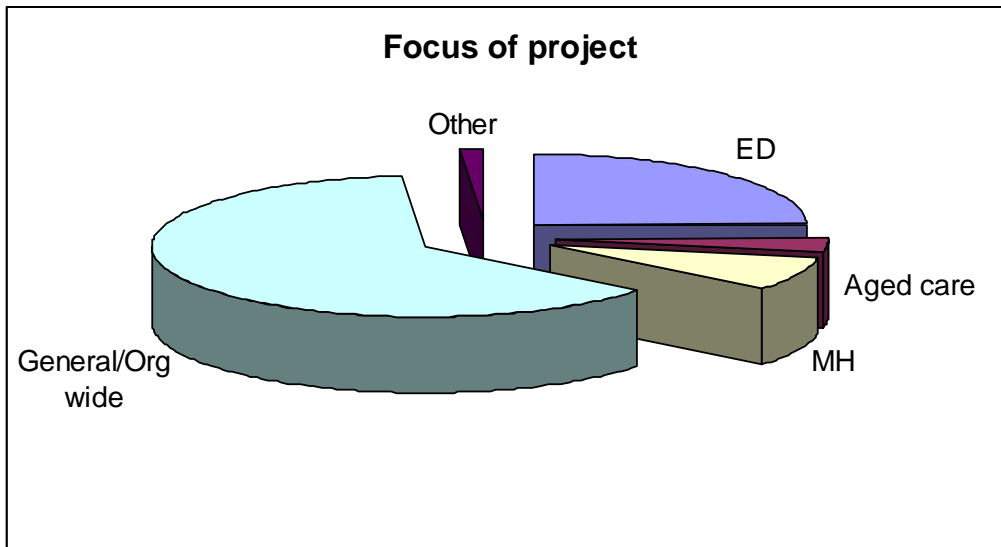
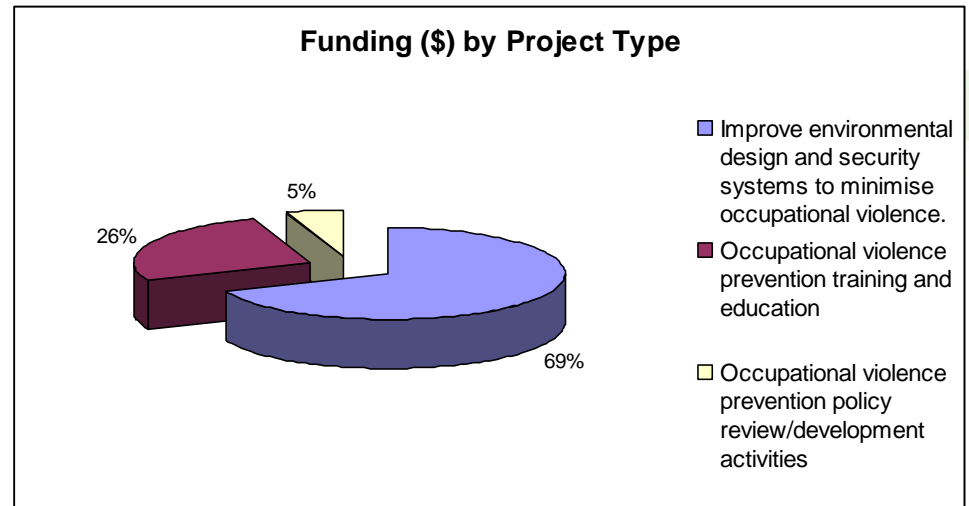
- Implementation Reference Group
- Development of a DH policy framework for violence and bullying
- Working with OHS managers regarding recommendations requiring implementation by health services.
- Standards Australia, DH design guidelines (CPTED)
- WorkSafe funded SDF Project
- Research on bullying



Nurse Policy: Building capacity and capability in the Victorian nursing and midwifery workforce

Occupational Violence Prevention Fund 2008-2011

- >\$4M over 4 years
- 144 high priority risk projects (65 health services)
- Submission based process
- Remediation of the highest priority risks first (WorkSafe tool)



Raise Awareness



Including:

- TV recruitment with Nursesafe ID
- Bookend Conference - launch & wrap up
- Open letter from Minister to all registered nurses
- Release policy framework with “collateral”
- - suite of posters, multilingual card, lanyards
- Tested messages

Raise Awareness

*A workplace free of violence and bullying:
Everyone has the right to be safe here.*

*A workplace free of violence and bullying.
A better place for work, a better place for
care.*

*A workplace free of violence and bullying is
a better place to care for you and your
family.*

Enhancing the justice interface

- *Deter, detect and manage – A guide to better management of weapons in health services (DHS 2009)*
- *Every day's a challenge: Responding to violence in Victorian health services (DHS, WorkSafe & Victoria Police) multimedia resource*
- *Firearms and other Acts Amendment Bill 2010*
- *Building Better Partnership demonstration sites*

Education and Training

Including:

- HRMS component HealthSMART → database of staff education/training
- Funding Stream of Occupational Violence Prevention fund (Training and Development) **Training & Education Support packages** to assist with activities that ensure that training:
 - broader rather than individual competence
 - aligned to specific needs of health service /data on risk areas
 - demonstrate a proactive organisational response to workplace violence.

Training – more harm than good??

Spoilt for choice (100s courses/providers)

Costly

Sustainability, appropriateness?

Effectiveness????

(Jane L. Middleby-Clements, Brin F.S. Grenyer, 2007).

Comparison of training in Australian mental health setting.

“...training in zero tolerance had the unintended consequence of increasing rigid or inflexible attitudes toward the management of aggression in the health workplace, while reducing tolerance toward aggression.

In light of previous research findings indicating that: (i) health staff with more experience tend to have a more tolerant attitude toward aggression; and (ii) that higher tolerance for aggression is associated with less staff burnout, the present results suggest that there are problems with a zero tolerance approach to aggression management training”.



Reporting and Monitoring

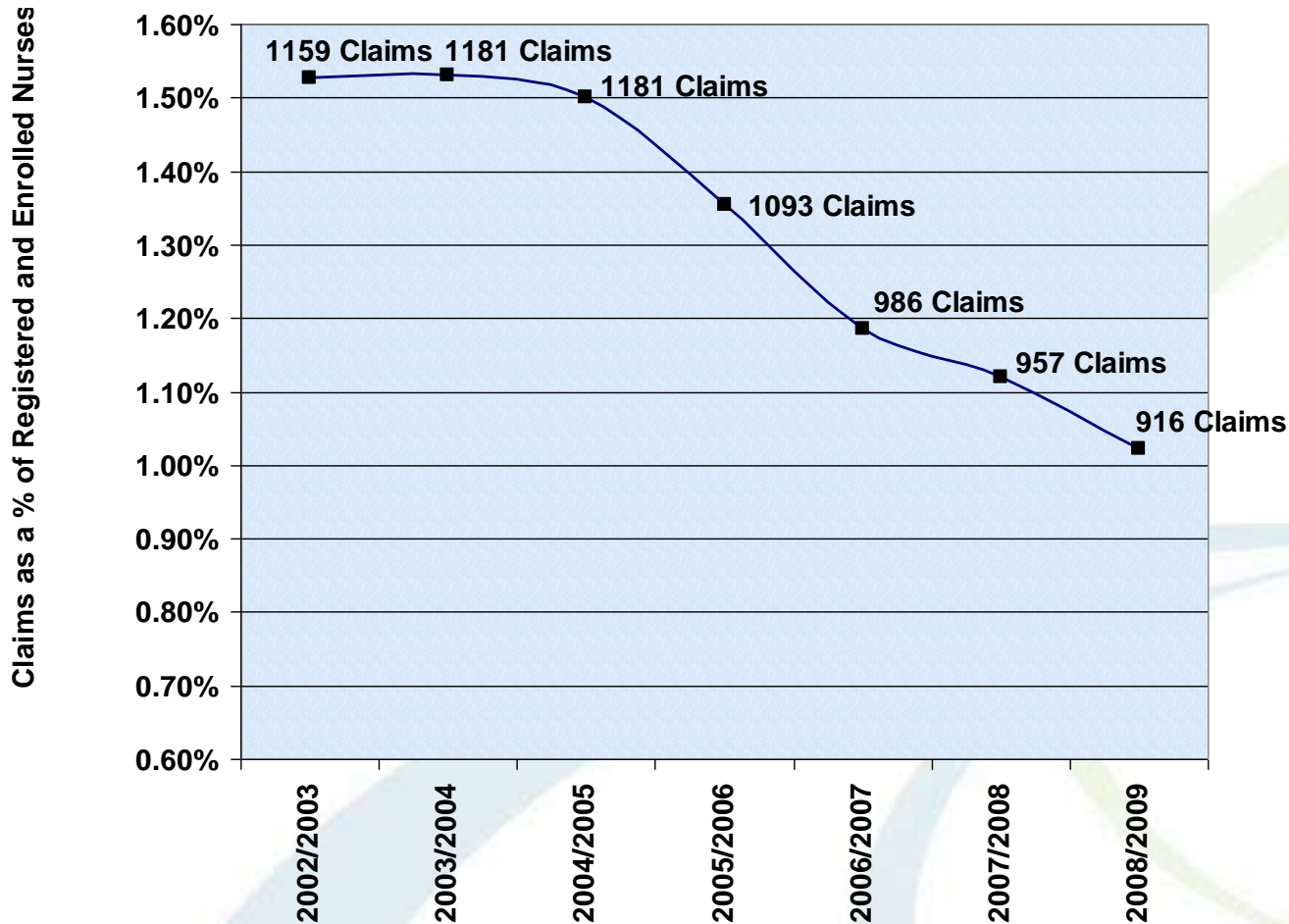
- Agreed minimum data set (but no vehicle)
- Legacy IT
- Victorian Health Incident Management System (VHIMS) will including OHS incident types (inclusive of OV) from 2011
- Reporting Pack

Has it worked?

- A milligram of prevention is worth a kilogram of cure
(John Robert Colombo)
- Program logic dilemma

Safer workplaces

VICTORIAN WORKCOVER AUTHORITY
All Claims - RNs, ENs & RMs AND NURSES BORAD OF VICTORIA Registration data



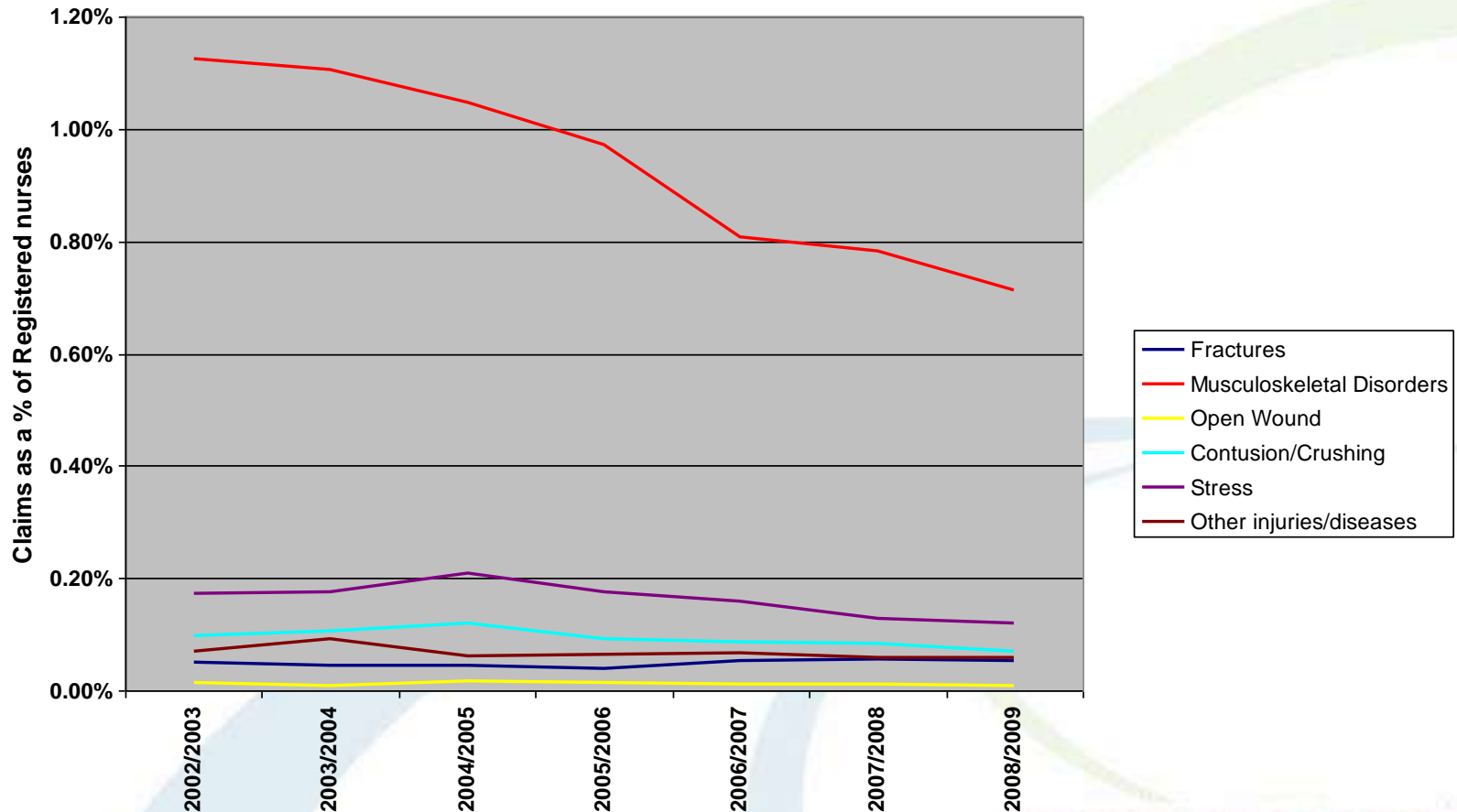
No. of claims decreasing

Decrease in claims as a % of registrants by a third

Decrease across all types of claim but esp. "musculo-skeletal" and "stress" (nature of injury)

Safer Workplaces

VICTORIAN WORKCOVER AUTHORITY
Claims by type



Remaining challenges

- Training - Five Ws (and one H), multiplicity of course providers,
- Reporting (under reporting, data, political dimension etc)
- Adequate attention to procedural security without compromising relational care
 - Eg CPTED
 - Clinically led Vs security led aggression management teams
- CPTED- living with legacy infrastructure
- Code Grey
- Weapons Legislation implementation

www.health.vic.gov.au/nursing



A workplace free of violence and bullying.
Everyone has the right to be safe here.



nurse safe

A Victorian Government initiative 

These, and more....

Nurse Policy: Building capacity and capability in the Victorian nursing and midwifery workforce