Manager Briefing

Prevention of violence and aggression at Monash Health

27 July 2022

Monash Health

Agenda

- Setting the Scene

- Overview of achievements to date

- New directions and current projects

Setting the Scene:

What we know

- Health care employees are ranked as one of the most likely groups to experience workplace aggression with nurses identified as highest risk

- **People matters survey** – in 2021 26% of employees said they "experienced violence and aggression in past 12 months (2019 was 24%, benchmarked health services at 28%)

- In 2021, on average, a Code Grey (emergency call for clinical aggression) was called at Monash Health every 30 minutes.
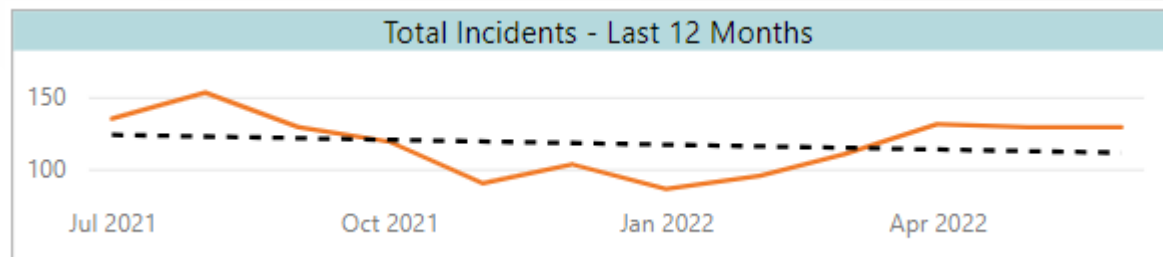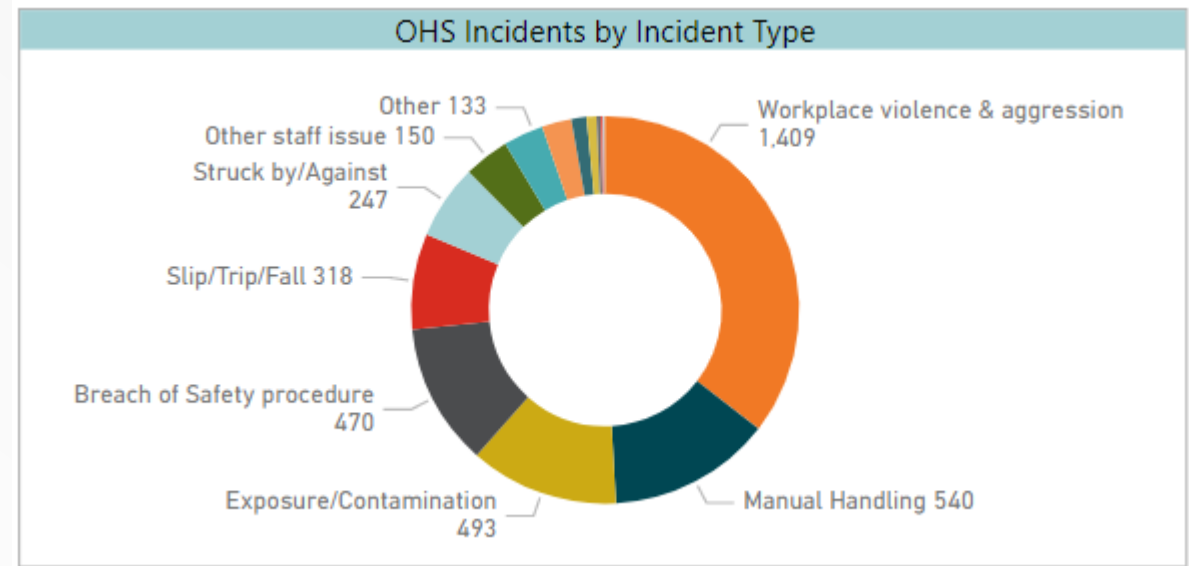
Year	2020	2021
Code Greys (call centre)	16,756	16,755
Percent reported Riskman	12.6%	24%

- Number of aggressive incidents have remained static over the last few years

What we know

- On average, four employees a day report an Occupational Health and Safety (OHS) OVA related incident.

- OVA represents a significant cost to Monash Health related to workers compensation claims, lost time injuries and increased insurance premiums.

- OVA incidents record as the highest incident type of all OHS incidents (34%), with an average of 120 per month.

OHS Incidents by Incident Type

- Other 133
- Other staff issue 150
- Struck by/Against 247
- Slip/Trip/Fall 318
- Breach of Safety procedure 470
- Exposure/Contamination 493
- Manual Handling 540
- Workplace violence & aggression 1,409

Total Incidents - Last 12 Months
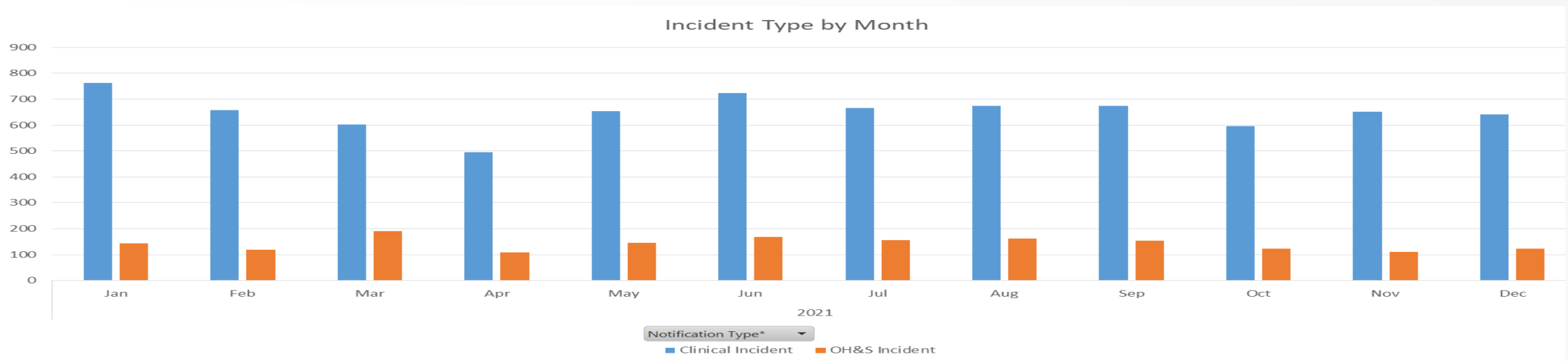
Jul 2021 — Oct 2021 — Jan 2022 — Apr 2022

- OHS OVA incidents last 12 months
- 2 x ISR 2 Incidents
- 60% Physical, 30% verbal/written, 5% sexual

What we know

- Majority of all OVA incidents involve underlying clinical aetiology
- For every reported OHS OVA incident, there are over 4 reported clinical incidents related to behaviour

Changing landscape: National Safety and Quality Health Service (NSQHS) Standards

The second edition of the NSQHS Standards addressed gaps identified in the first edition including actions related to mental health and cognitive impairment.

Standard 5 - Comprehensive Care - Minimising patient harm

- Patients at risk of specific harm are identified, and clinicians deliver targeted strategies to prevent and manage harm.

5.33 and 5.34 Predicting, preventing and managing aggression and violence

- 5.33 - The health service organisation has processes to identify and mitigate situations that may precipitate aggression
- 5.34 - The health service organisation has processes to support collaboration with patients, carers and families to:
  - Identify patients at risk of becoming aggressive or violent, Implement de-escalation strategies, Safely manage aggression, and minimise harm to patients, carers, families and the workforce

5.35 Minimising restrictive practices: restraint

- Where restraint is clinically necessary to prevent harm, the health service organisation has systems that:
  - Minimise and, where possible, eliminate the use of restraint, Govern the use of restraint in accordance with legislation, Report use of restraint to the governing body
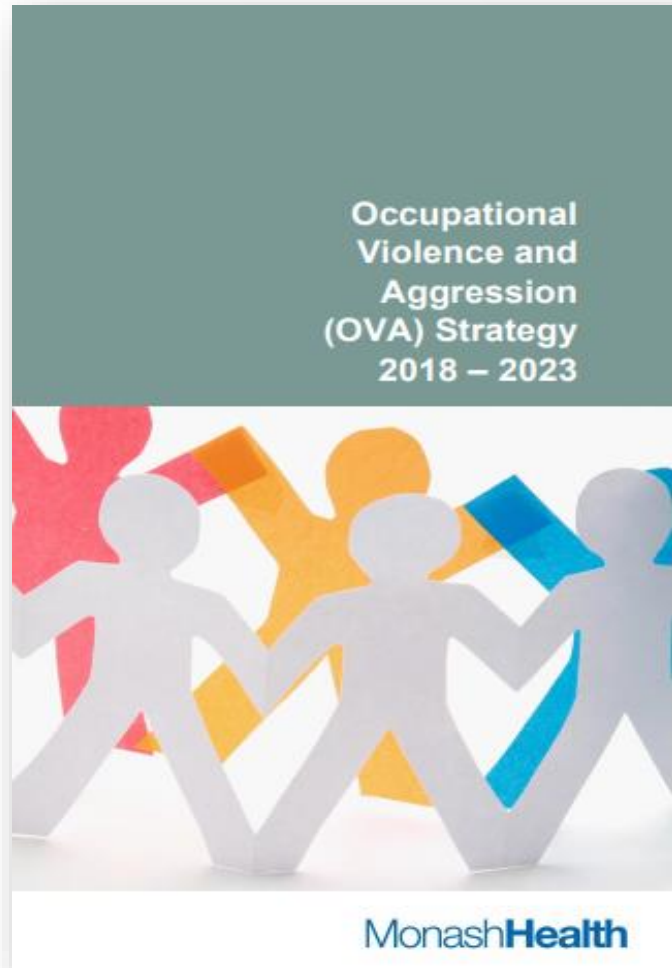
POVA Achievements to date

POVA Strategy and Action Plan

Informed by:

- **DHHS** Framework for preventing and managing occupational violence and aggression (2017)
- **Worksafe** Prevention and management of violence and aggression in health services (2017)
- **ANMF** 10 point plan to end violence and aggression: a guide for health services (2017)

Four Pillars:

- Promote
- Protect
- Prevent
- Support

(aligned with OHS Strategy)

36 Original Actions

(34 Closed)

Annual review and update of Action Plan with additional items

POVA – Implemented strategies

- Improved governance
- OVA Dashboard and improved metrics
- New OVA Risk Assessment Tool and Guideline on how to conduct
- OVA Employee Support Pack
- Incorporated into EMR (alerts, assessments, care planning)
- Environmental (HSVP funded projects)
- Security improvements/ duress alarms
- Dementia and Delirium related resources
- Policies and procedures
- Training and education / psychosocial support training
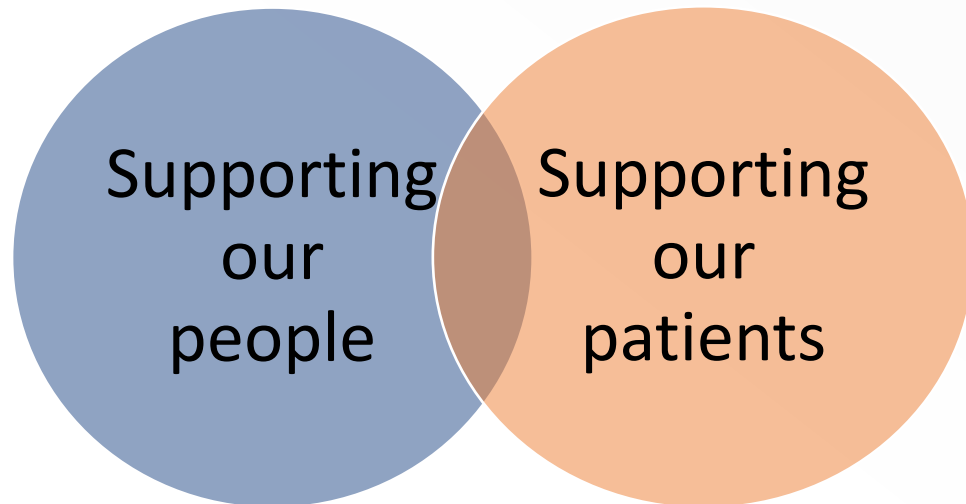- Communication and signage
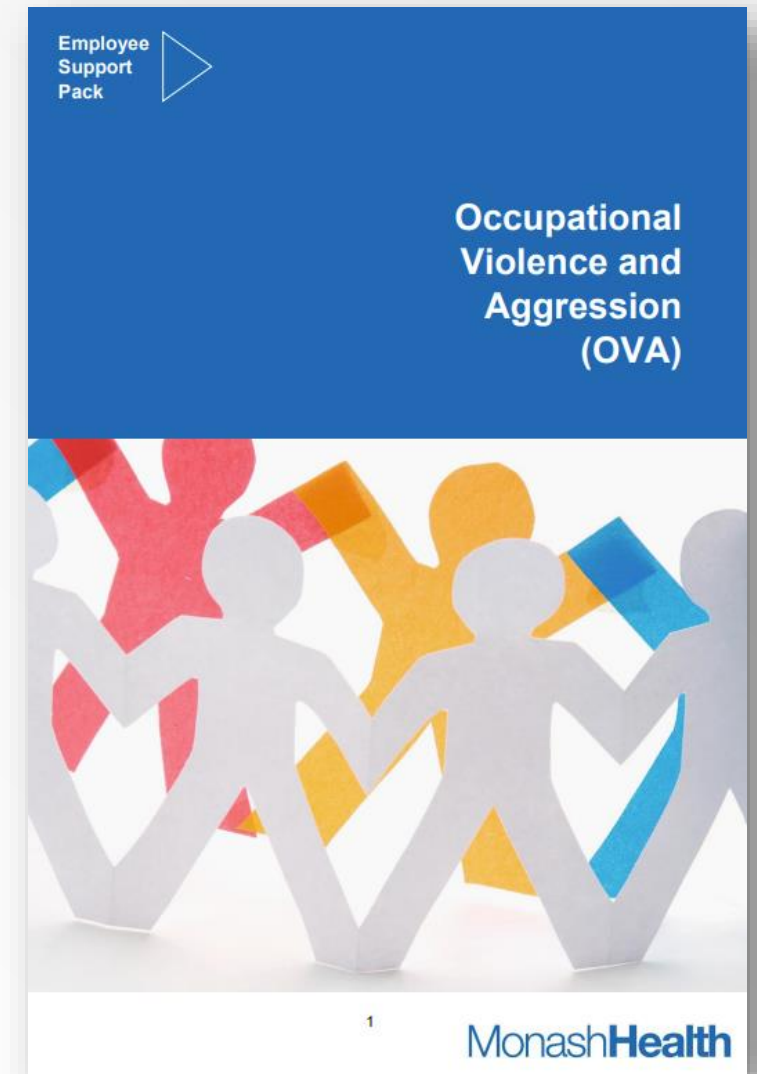
New directions and current projects

Safety for all and patient care

Always striving to achieve safe, high quality and timely care and a safe work environment for our employees

Supporting our people

Supporting our patients

Employee Harm

Patient Harm

Safe, high quality & timely care

Restrictive Practices

Poor Outcomes

Engagement and workshops 2022

POVA Strategy and Planning workshop

- Held on 4th April with key clinical stakeholders to discuss and explore the strategic direction to address violence and aggression at Monash Health

MHEC Strategy workshop

- Executive Strategy session was held on 3rd May 2022 to consult on the proposed changes and seek further feedback.

MHEC Briefing Paper – POVA Strategy Proposal

- The Executive Committee endorsed the proposed changes related to the prevention of violence and aggression at Monash Health on 14th June.
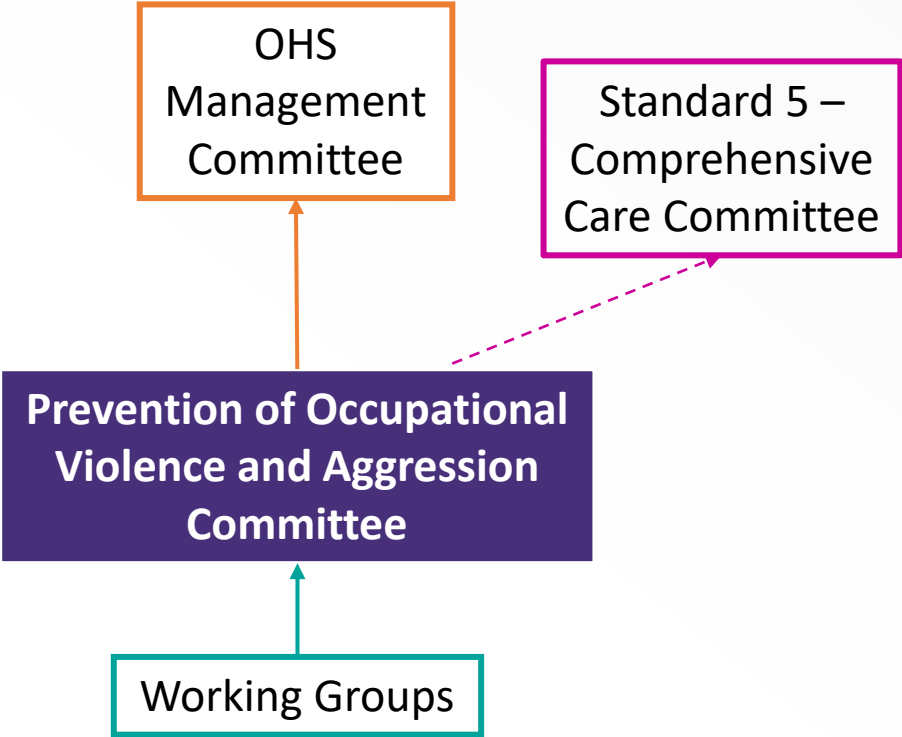

Clinical Care/ Service Delivery

Communication skills training

Code grey training mandatory for all emergency staff on commencement

Focus on increased communication and de-escalation

Embedding culture of Code Grey as a clinical deterioration incident for medical staff

Ability to click on alert in banner bar like you can with allergies

gathering information from families/carers on behaviours, triggers for behaviours and helpful interventional strategies

Early recognition known triggers with proactive strategies

Promotion/awareness of main reasons for violence and aggression

OVA Safety Coordinator roles for programs or specialties - looking at introducing this within MHP as our Sexual Safety Coordinator role has been fantastic

Educate staff about the organic causes of behaviour which may allow them to understand and maintain a clinical, preventative focus rather than just having to 'deal with it'

streamline risk assessments and care planning

Increased use of the Disability Liaison Officer nurses

Realign focus

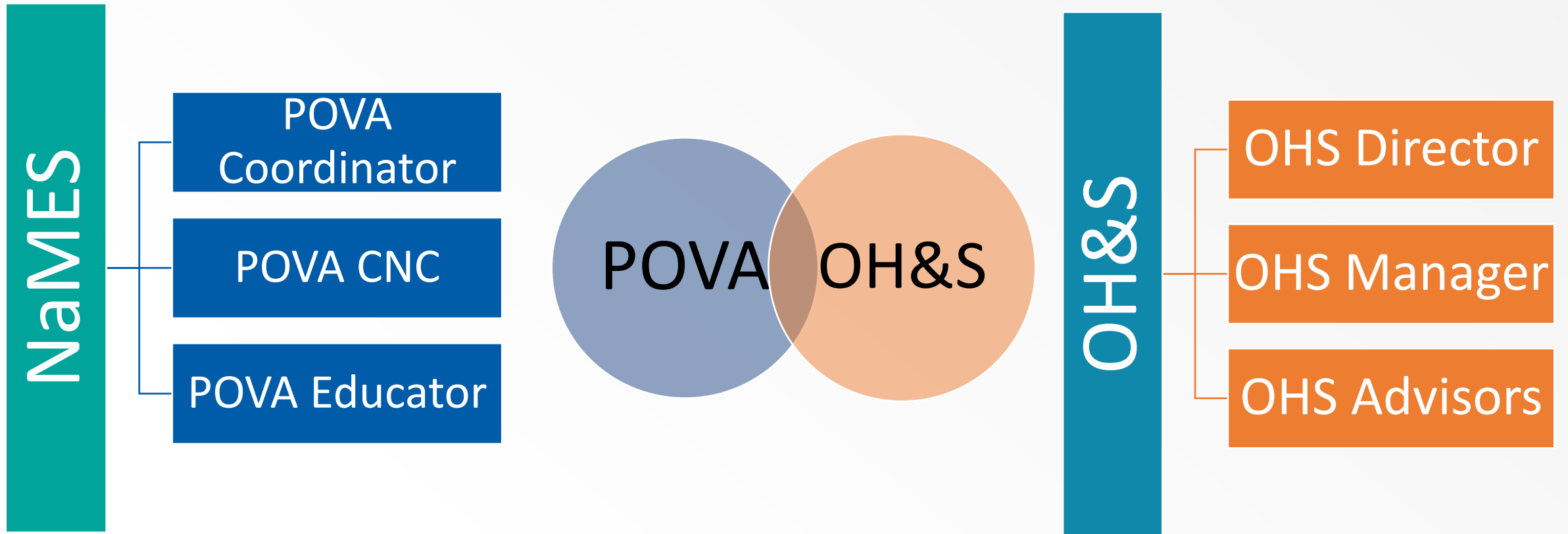| Strategy Type	Definition	Current examples
Primary prevention	Minimising risk of violence and aggression before it develops	Screening tools – ARC, 4AT OVA Risk Assessment
Secondary prevention	When aggression is perceived to be imminent	De-escalation strategies Escalation of care
Tertiary prevention	When aggression is occurring and needs to be controlled to reduce its harmful effects	Code Grey, Code Black De-escalation strategies Restrictive Practices
Post incident	Evaluation and support following an incident involving aggression	Incident review, injury support, data analysis, debriefing

Revised Committee Governance

Previous Governance

OHS Management Committee

Standard 5 – Comprehensive Care Committee

Prevention of Occupational Violence and Aggression Committee

Working Groups

New Governance

Clinical Council

Standard 5 – Comprehensive Care Committee

OHS Management Committee

Prevention of Violence and Aggression Committee

Working Groups
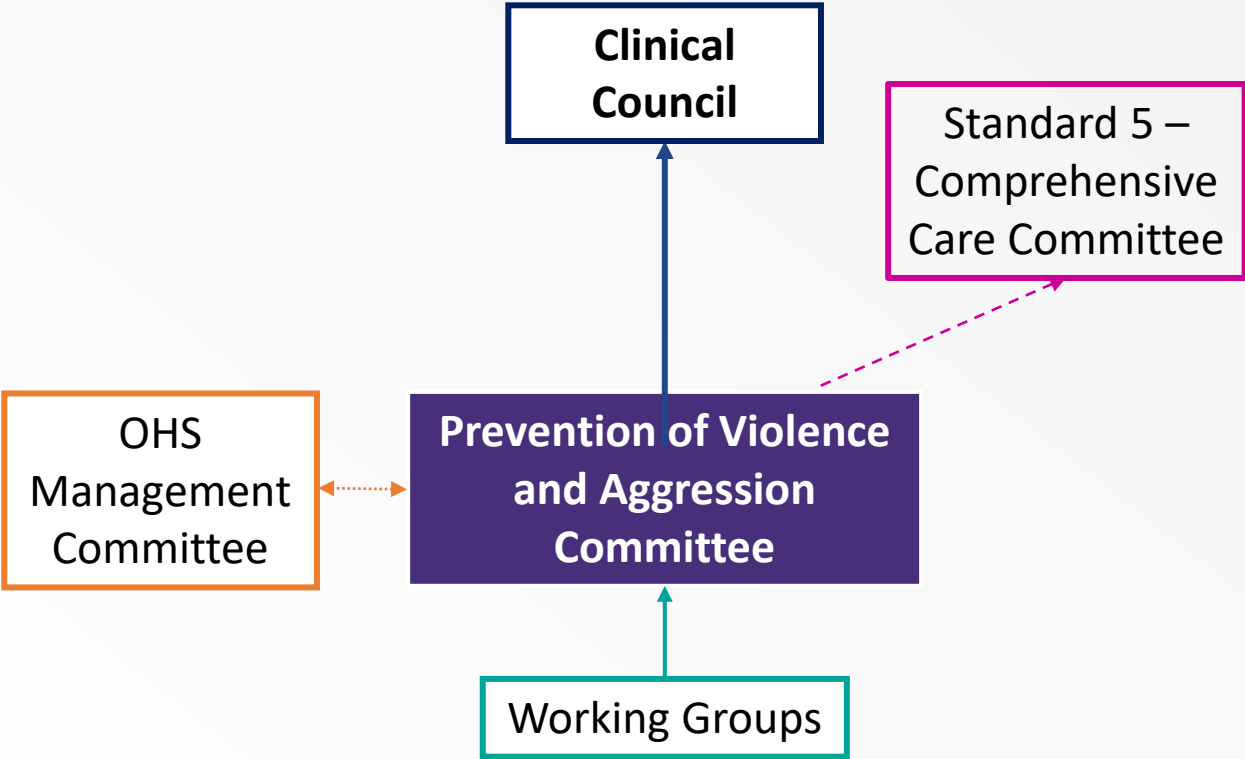
Changes to POVA committee

- Stronger clinical and preventative focus

- Revised membership

- Support the development and implementation of processes aimed at improving early identification and intervention

- Strengthen approach to learning from incidents
  - Following Clinical Council model
  - Increased focus on clinical review and pre-incident care

- Alignment with NSQHS Standards – Standard 5 and Standard 8
  - Strong links with Delirium & Dementia Committee, and Mental Health Deteriorating Patient Working Group

- Inclusion of oversight of minimising restrictive practices (restraint) in general settings

Current state

NaMES
- POVA Coordinator
- POVA CNC
- POVA Educator

POVA · OH&S

OH&S
- OHS Director
- OHS Manager
- OHS Advisors

Education and training, code grey/black, restrictive interventions, service development and capacity building, clinical/OHS incident review

OHS/OVA risk assessments/environmental review & support, OHS incident review, injury support, Worksafe, Workcover, Communication (Posters/signage)

POVA Training Framework

P **Promote** — R **Reduce Risk** — I **Implement** — I **Intervene Early** — M **Manage** — E **Evaluate & Support**
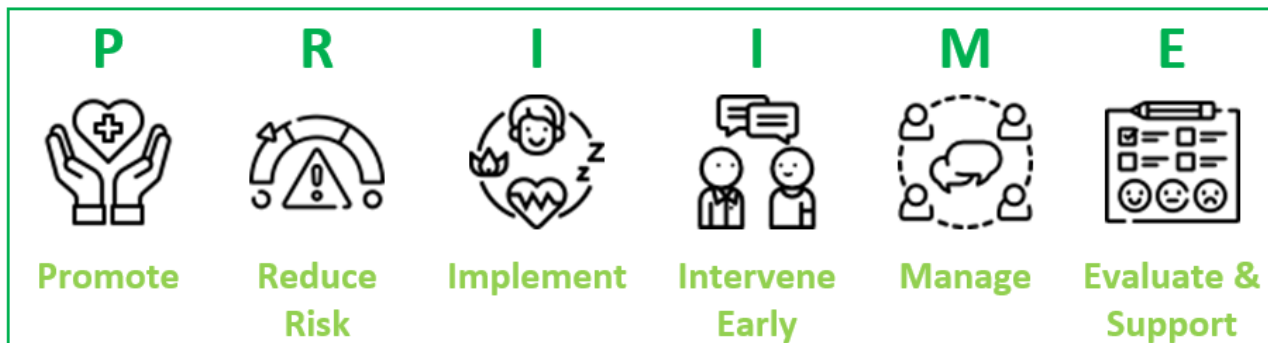
- Re-designed education and training framework
- Introduction of overarching model with a stronger focus on preventative strategies
- Development of new online modules
- Ongoing delivery of Code Grey workshops
- Design and delivery of new residential aged care behaviour support workshops

PRIIME Training Matrix

Level	Title	Overview	Target Audience	Modality
PRIIME 1	Managing Challenging Behaviours (OVA)	Introduction to challenging behaviours and personal safety	All staff – **Mandatory**	E-Learning via LATTE (15 mins) **Annual**
PRIIME 2	Communication and Safe De-escalation	Responding to challenging behaviours using communication and de-escalation techniques	All patient facing employees	Targeted Webinar session (60 mins)
PRIIME 2	Behaviours of Concern: Identifying and reducing risk	Prevention approaches to identify and respond to behaviours of concern	All clinical staff / security	E-learning via LATTE (20 mins)*
PRIIME 2	Recognising and responding to aggression	Understanding your local response to aggression and escalation processes	All clinical staff / security	E-learning via LATTE (20 mins)* Targeted Webinar session (60 mins)
PRIIME 2	Aggression Risk Checklist (ARC)	Screening tool to identify and respond to risk of aggression	Emergency Department	E-learning via LATTE (20 mins)
PRIIME 3	Personal safety & Breakaway techniques	Situational awareness and personal safety techniques	Staff in high risk areas/roles**	Face to face session (60 mins)
PRIIME 3	Minimising restrictive practices	Understanding risks associated with restrictive practices and safe application	Staff in high risk areas/roles*	E-learning via LATTE (20 mins)* Scenario based learning
PRIIME 3	POVA scenario based learning	Applying aggression prevention and response approaches locally	Staff in high risk areas/roles	Webinar or face to face scenario based learning
PRIIME 4	Code Grey Responder (Initial)	Responding safely to aggressive incidents for Code Grey Team	Code Grey Response team members	Face to Face 1 day workshop (8 hrs) (Prior to role on code grey team)
PRIIME 4	Code Grey Responder (Refresher)	Refresh learning inclusive of scenario and technique practice, problem solving and practice updates	Code Grey Response team members	E-learning, webinar or F2F scenario based learning (60 mins)

*under development

Areas of focus

- Risk identification and early intervention
  - **Aggression Risk Checklist (ARC)**
    - Pilot implementation to EDs
    - Online LATTE training developed
    - EMR and process optimisation
    - Evaluation and scoping for wider roll out
- Model development
  - Behaviour of Concern Preventative model
- Code Black
  - Change in governance for Code Black from EMBC to POVA
  - Monthly working group established
  - Developing processes for improved incident review and follow up
  - Procedure review
- New OVA Risk Assessment Tool and Guideline
  - 85% completion
- Behavioural contracts and management
  - Draft at Clinical Council

Thank you!

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