

RECOMMENDATION #19

WORKPLACE VIOLENCE INCLUDED IN QUALITY IMPROVEMENT PLANS

OPPORTUNITY

As a result of the opportunity being highlighted by the Leadership and Accountability Working Group, workplace violence prevention has been added to the narrative section of Hospital Quality Improvement Plans (QIPs) to be submitted to Health Quality Ontario (HQO) as of 2016. Currently, hospitals, along with inter-professional Primary Care Organizations (e.g. Family Health Teams), Community Care Access Centres (CCACs), and Long-Term Care Homes are required to submit to HQO an annual Quality Improvement Plan (QIP). For hospitals, this requirement is embedded within the *Excellent Care for All Act*, but other sectors, the requirement is included as part of their Local Health Integration Network (LHIN) service accountability agreements, or Ministry of Health and Long-Term Care (MOHLTC) funding.

QIPs are developed by organizational teams and approved each year by the board. Hospitals are required to post their QIPs on their websites and all sectors' QIPs are publically posted (and searchable) on HQO's website. Working in collaboration with the MOHLTC, the LHINs, sector associations, and other stakeholders (including patients), HQO develops an annual list of recommended priority issues and indicators for organizations to consider when developing their QIPs, and strongly inform the issues organizations work to improve.

In the 2016/17 priorities there are currently no indicators related to staff safety and workplace violence included in the QIPs. Given the structure of the QIP, however, there is an opportunity to elevate the issue of workplace violence, both at the Hospital CEO and Board of Director level. By including it in the QIP, there is also the opportunity to encourage shared learning across the sector (and the broader system), which is a motivator for organizations to continuously improve. To support this, for the 2017/18 submission cycle (due by April 1, 2017), HQO has included a narrative question related to staff safety and workplace violence that will be included in all sectors' QIPs. As well, based on the work of the Indicators, Evaluation and Reporting working group, HQO will incorporate recommended indicators to the QIP as appropriate for the 2018/19 QIP cycle, as well as promote the use of the indicators for organizations that are initiating work in this area over the course of the 2017/18 fiscal year.

RECOMMENDED SOLUTION AND INTENDED OUTCOME

All Ontario Hospitals through HQO, measure their performance as it relates to workplace violence and should consider adding workplace violence prevention to their annual QIPs. The development of QIPs should include:

1. Involvement from the Joint Health and Safety Committee (JHSC);
2. Narrative description; and
3. QIP indicators (when available, and as suggested by the Indicators, Evaluation, and Reporting (IER) WG).

As part of the regular QIP submission cycle, HQO will publicly post the QIPs on their website, and require hospitals to do the same.

RECOMMENDED IMPLEMENTATION

SHORT TERM

1. HQO has included workplace violence prevention as an area for Ontario hospitals to include in the narrative of their annual Quality Improvement Plans, with a voluntary inclusion of WVP indicators. The same expectation has been included for other sectors in health care such as Long-Term Care Homes, Community Care Access Centres, and Primary Care Organizations.

MEDIUM TERM

1. Mandatory inclusion of a WVP indicator as a priority indicator for all hospital QIPs. Public reporting begins.

LONG TERM

1. Evaluation of QIP indicators and performance.