

RECOMMENDATION #18

EIGHT RECOMMENDATIONS FOCUSED ON REPORTING SYSTEMS FOR WORKPLACE VIOLENCE INCIDENTS AND WORKPLACE VIOLENCE PREVENTION ACTIVITIES

1. The Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Labour (MOL) should make health care staff aware of what should be reported as workplace violence under the *Occupational Health and Safety Act* (i.e. not just actual physical force, but also attempts to exercise physical force; and statements or behaviours which are reasonable for a worker to interpret as a threat to exercise physical force).
2. Hospitals should ensure that reporting systems capture workplace violence incidents that result in psychological injuries, as well as those that result in physical injuries. It should be noted that doing so will require changes to local system tracking and related processes, as psychological injuries are not always as immediately apparent as physical ones.
3. Lack of action has been identified in the research literature as a common reason for staff not reporting workplace violence in hospitals in the United States of America. While the situation in Ontario is not known, we suggest there should be clear messaging from hospitals' leadership, the MOHLTC and the MOL about what action will be taken based on workplace violence reports. In addition, these groups should be clear how staff should report workplace violence incidents and what they should do if they feel action is not being taken.
4. The proportion of the total number of incidents of workplace violence that are captured in each hospital system will likely be different across hospitals. An evaluation of how well reporting systems across hospitals in Ontario capture all workplace violence incidents that occur should be undertaken to ensure this metric is of high quality.
5. Hospitals will be at different stages in their readiness to accurately capture workplace violence incidents and workplace violence prevention activities. Information should be collected on resources that are required by hospitals to develop reliable, valid and comprehensive reporting structures in their organization to capture the key indicators listed in this report. Action should be taken to address these gaps across hospitals in Ontario.
6. The MOHLTC and MOL need to develop clear definitions of flagging, root cause analysis, and use of force and communicate these to hospitals and hospital staff. In addition, the MOHLTC and MOL should ensure that the calling of code whites is consistent across hospitals (i.e. in response to similar environmental factors), and that call response procedures are similar across hospitals, to ensure these indicators are consistently measured across organizations.
7. The MOHLTC and MOL in collaboration with other system stakeholders should undertake ongoing evaluations of reporting systems once they are in place to ensure the consistency of data collection for both workplace violence incidents and prevention activities over time.

Workplace Violence Prevention in Health Care Leadership Table

8. The MOL should attempt to better understand, address and communicate deficiencies in the use of workers' compensation claim data as the only source of work-related injury surveillance.