

Occupational Violence Against Healthcare Workers

Tabled 6 May 2015

The Auditor-General provides assurance to Parliament on the accountability and performance of the Victorian Public Sector. The Auditor-General conducts financial audits and performance audits, and reports on the results of these audits to Parliament.

On 6 May 2015, the Auditor-General tabled his performance audit report, *Occupational Violence Against Healthcare Workers*.

Healthcare workers are exposed to stressful situations. Occupational violence perpetrators include patients, families, community members and other healthcare workers.

Occupational violence occurs when an employee is abused, threatened or assaulted in the course of their employment.

Every healthcare worker has the right to be protected against aggression and violence.

Overview

- Healthcare workers suffer high levels of occupational violence which have serious consequences.
- System reforms do not adequately protect workers.
- Data is not used to drive improvement.
- Greater leadership and attention is required from the Department of Health & Human Services (the department), WorkSafe and health services.



Occupational violence against healthcare workers is a significant issue with serious social, health and economic consequences.

Our audit examined how effectively systems are protecting healthcare workers.

We found shortcomings in all the audited agencies despite efforts to address the issue.

Initiatives aren't always understood or applied by staff, or evaluated.

We found the data collected to be of poor quality.

Stronger leadership is needed to reinforce key messages about preventing and managing occupational violence.

Focus of this audit

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Key agencies examined

- Department of Health & Human Services – system manager
- WorkSafe – regulator
- Ambulance Victoria (AV) and health services – employers

Audit scope

- Site visit and document review of three health services and AV
- Survey of all Victorian hospitals
- Interviews and document review of the department and WorkSafe

We assessed whether the Department of Health & Human Services (the department), WorkSafe, Ambulance Victoria and health services adequately protect and support healthcare workers from occupational violence.

Data collection and analysis

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- Extensive under-reporting.
- Data not reliable or comparable.
- Serious incidents being recorded as 'near miss' or 'no harm'.
- Limited and poor sector-wide data collected by the department.

Agencies need to identify and address barriers to reporting and collect high quality and comparable data to drive improvement.

We found extensive under-reporting of violence incidents, mainly because of:

- cumbersome reporting systems in hospitals
- staff reluctance to report violence or aggression by ill patients, as this is often seen as just 'part of the job', and
- perceived management inaction.

Health services' incident data is not reliable or comparable.

It does not accurately reflect the severity of incidents. Imagine a pregnant healthcare worker being kicked in the stomach or a worker being half strangled. These incidents have the potential to cause significant harm, but were recorded as 'near miss' or 'no harm', the lowest categories of incident severity rating.

Sector-wide data collected by the department is limited to

nurses and doesn't include other healthcare workers. It is not analysed or used to support the sector.

Health services need to investigate and address the barriers to reporting.

All agencies need to provide greater guidance and oversight to ensure compliance with reporting requirements.

Audited agencies' initiatives

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Initiatives to prevent and manage occupational violence include:

- relevant policies and procedures
- Code Grey responses
- physical design features
- increased access to training
- occupational violence committees.



We found evidence of reforms at each audited health service and Ambulance Victoria, including:

- appropriate policies and procedures
- Code Grey response teams
- reporting and investigation procedures
- governance mechanisms, and
- specialist roles.

Ambulance Victoria has moved from a manual to an electronic reporting system that can be used in the field.

Seventy-four per cent of surveyed hospitals reported using a Code Grey response. Code Grey is a trigger for urgent action involving a team, generally led by a clinician but sometimes by security.

We found examples of physical environments designed to

reduce the likelihood of occupational violence, like quiet examination areas for high-risk patients or CCTV and duress alarms.

Limitations of initiatives

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- Initiatives are not sufficiently embedded in organisations.
- They are not evaluated for effectiveness or used to improve practice.
- Training is insufficient given the seriousness of the risk.

Health services and AV need to fully implement and consistently review controls, including tailored and flexible training.

Despite this good work, we found several concerning issues:

- Policies and procedures are not always known, consistently applied or evaluated for effectiveness.
- Physical design considerations are not part of regular environmental audits.

With the exception of mental health services, training is not mandatory, is poorly attended, is too short, and is insufficient. It is also not evaluated in relation to skill development. A key barrier is the cost associated with backfilling positions so staff can attend.

Health services and Ambulance Victoria need to make sure that:

- controls are fully implemented and consistently monitored and evaluated, and
- that workers are appropriately trained. This means providing flexible and targeted training.

Lack of sector leadership

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- The department and WorkSafe have provided a range of initiatives and guidance.
- These have not been systematic, reviewed or evaluated.
- WorkSafe rarely uses its inspection or enforcement tools.

The department and WorkSafe need to provide stronger sector-wide leadership to support health services and AV to prevent and reduce occupational violence.

The department and WorkSafe have provided guidance but this is not systematic, comprehensive, regularly reviewed or evaluated.

WorkSafe rarely uses its inspection or enforcement mechanisms, instead focusing on a limited number of education initiatives.

The department and WorkSafe need to be providing much stronger leadership to support health services and Ambulance Victoria.

Recommendations

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		Accept
That health services and AV:		
1	identify and address barriers to incident reporting	✓
4	regularly review and evaluate the effectiveness of their controls to prevent and reduce occupational violence	✓
5	develop occupational violence training programs that are tailored to need, delivered flexibly and reviewed for effectiveness	✓
6	develop robust investigative procedures and monitor compliance with these.	✓
That DHHS:		
7	reviews and evaluates its guidance material on occupational violence	✓
8	collaborates with health services and AV to develop adaptable training occupational violence training tools.	✓

We made 10 recommendations focused on:

- building robust evidence around what works at the local and sector level
- making sure all healthcare workers are appropriately trained
- raising the community's understanding of the impact of occupational violence, and
- making more active use of enforcement tools by WorkSafe.

Recommendations – *continued*

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		Accept
That DHHS and Worksafe:		
2	work together to develop incident and investigation guidance in keeping with the detailed advice provided for clinical incidents	✓
3	work with health services and AV to collect, analyse and use robust occupational violence data	✓
9	work with health services and AV to increase community awareness of occupational violence against healthcare workers.	✓
That WorkSafe:		
10	proactively uses its full range of tools to assess risk and the effectiveness of controls in health services and AV.	✓

The department, WorkSafe and Ambulance Victoria accepted all recommendations. They outlined when and how they intend to address each recommendation.

Their responses are in the report.

The department has coordinated responses from health services and will monitor their actions.

The Auditor-General will also monitor this progress over time.

Key messages

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The department, health services and AV need to provide greater guidance and accountability to address under-reporting and build high quality and comparable data.

Health services and AV need to fully implement and consistently review controls, including tailored and flexible training.

The department and WorkSafe need to provide stronger sector-wide leadership to support health services and AV in preventing and reducing occupational violence.

In summary the audit found that:

- The department, health services and Ambulance Victoria need to identify and address under-reporting and build sound, comparable data.
- Health services and Ambulance Victoria need to fully implement and consistently review controls, including tailored, flexible training.
- The department and WorkSafe need to provide stronger sector-wide leadership to support health services and Ambulance Victoria.

Overall message

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There is an unacceptable level of occupational violence against healthcare workers.

Stronger sector and local level leadership is needed if workers are to be protected.

There is an unacceptable level of occupational violence against healthcare workers.

Greater leadership and attention is required from the department, WorkSafe and health services to protect workers from occupational violence.

Relevant audits

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- *Occupational Health and Safety Risk in Public Hospitals (2013–14)*
- *Bullying in the Health Sector (2015–16)*



This is the second of three audits examining health and safety in the health sector.

Occupational Health and Safety Risk in Public Hospitals was tabled in 2013.

An audit on bullying will table in late 2015.

Contact details

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For further information on this presentation please contact:

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