

Victorian Taskforce on Violence in Nursing Implementation of Recommendations Status Report 4/2008

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The following is a status report on the implementation of the recommendations of the *Victorian Taskforce on Violence in Nursing (2005)*. It outlines work by the Department of Human Services (DHS) on implementing the recommendations, commencing in March 2006. In this report, the following framework of strategies and associated recommendations is used:

Strategy 1-Setting the framework (Incorporating Recommendations 1-4,9,10,13-16,22,23,26)

Strategy 2-Raising awareness (Incorporating Recommendations 5,8,11)

Strategy 3-Enhancing the Justice interface (Incorporating Recommendations 5,6,7,12)

Strategy 4- Supporting Education & Training (Incorporating Recommendations 15-20,24,25)

Strategy 5- Effective Reporting and Monitoring (Incorporating Recommendations 21, 27,28,29)

Note: The strategies are interdependent and recommendations may be part of more than one strategy.

Legend:

DHS Department of Human Services
DoJ Department of Justice
NPB Nurse Policy Branch, DHS
OH & S Occupational Health and Safety
OV Occupational Violence
SA Standards Australia



Refers to recommendations where responsibility for implementation is other than DHS.

STRATEGY ONE: SETTING THE FRAMEWORK		<i>The development of a framework that includes a policy statement, uniform definitions of bullying and violence and tools and examples to assist in local implementation</i>	
Cluster incorporating Recommendations 1,2,3,4, 9, 16 & 22,	Resp.	Cluster incorporating Recommendations 1,2,3,4, 9, 16 & 22,	Resp
<p>Recommendation 1 <i>The Department of Human Services and health care facilities adopt a uniform definition of occupational violence consistent with the definition and classifications developed by the Taskforce on Violence and Aggression Subcommittee in this report.</i></p> <p>Recommendation 2 <i>That the Department of Human Services and health care facilities adopt a policy statement that has key messages including:</i></p> <ul style="list-style-type: none"> <i>Violence against nurses is unacceptable and must be proactively addressed</i> <i>There is not a culture of tolerance of violence in the workplace</i> <i>Encouraging a culture of reporting amongst nurses.</i> <p>Recommendation 3 <i>That the Department of Human Services develops a framework for the prevention and management of occupational violence and aggression for adoption in Victorian health care settings and that this work be primarily informed by:</i></p> <ul style="list-style-type: none"> <i>NSW Health Zero tolerance to violence in the NSW health workplace - policy framework guidelines (2003)</i> <i>Department of Human Services Industry occupational health and safety interim standards for preventing and managing occupational violence and aggression in Victoria's mental health services (2004).</i> 	<p>DHS</p> <p>DHS & Health services</p> <p>DHS</p>	<p>Recommendation 4 <i>That the Department of Human Services will:</i></p> <ul style="list-style-type: none"> <i>Establish a hierarchy of response guidelines for a uniform system of sanctions in response to violence and aggression against nurses. The response should include warning systems, contracts of acceptable behaviour, and the enforcement of sanctions/consequences.</i> <i>Develop guidelines that include the duty of care and legal responsibilities of all parties. Case study examples should be provided to highlight the issues to be considered in determining strategies and responses to occupational violence and aggression against nurses in the workplace.</i> <p>Recommendation 9 <i>That the Department of Human Services, in consultation with health services, adapts for broad use: The industry occupational health and safety interim standards for preventing and managing of occupational violence and aggression in Victorian mental health services (DHS 2004) for post-incident management.</i></p> <p>Recommendation 16 <i>Department of Human Services develops guidelines to ensure a minimum standard of education is provided to all nurses.</i></p> <p>Recommendation 22 <i>That the Department of Human Services and health services accept an agreed definition of bullying that is aligned with the WorkSafe definition and use it consistently.</i></p>	<p>DHS</p> <p>DHS & Health services</p> <p>DHS</p> <p>DHS & Health services</p>
Status & Timeline		Linked & ongoing related activity/initiatives	
<p>Completed</p> <p>Policy framework covers recommendations 1, 2, 3 & 22 and tools/templates relate to recommendations 4, 9, 16 and 25.</p> <p>Minister for Health, The Honourable Daniel Andrews launched the "Preventing Occupational Violence In Victorian Health Services: A Policy Framework And Resource Kit" in December 2007.</p> <p>Policy Framework has been distributed to Health services with supporting promotional material and is available of the website http://www.health.vic.gov.au/nursing/promoting/noviolence</p>		<ul style="list-style-type: none"> <i>Capacity building through engagement with DHS Occupational Health and Safety Network for health service OH&S managers. Collaboration encouraged for local progression of work plans. (see Rec. 11) Forum held in December, 2007 providing update of implementation of recommendations. It is anticipated that networking will continue in 2008.</i> <i>One- off funding provided for all five DHS rural regions for a facilitating resource to assist health services to apply a focused approach to assess the effectiveness of meeting their obligations and to aid in planning for remedial activities.</i> <i>Monitoring work of WorkSafe funded Safety Development Fund project - prevention and management of Occupational violence in the health sector pilot at Melbourne Health and Northeast Health.</i> 	

STRATEGY ONE: SETTING THE FRAMEWORK CONTD.		<i>The development of a framework that includes a policy statement, uniform definitions of bullying and violence and tools and examples to assist in local implementation</i>		
Recommendations	Resp.	Status & Timeline	Progress at February 2008 Proposed activities/work plan	
<p>Recommendation 25 That DHS develops and disseminates a state-wide 'tool kit' containing bullying prevention strategies (adapted from WorkSafe Victoria Guidance Note 2003) that:</p> <ul style="list-style-type: none"> • includes examples of policies, procedures and suggestions for culture change • ensures consistency in the approach to managing bullying • Provides a useful resource that contributes to quality improvement processes • Includes readily accessible policies, procedures, case studies and customised • Uses innovative ways to convey messages about bullying behaviours that are relevant to nursing. 	DHS	In progress Estimated completion December 2008	<i>Scoping work is currently being undertaken to ensure unnecessary duplication of resource/toolkits already available is avoided.</i>	
<p>Recommendation 23 That health services establish consistent management strategies that include:</p> <ul style="list-style-type: none"> • clear organisational policy with 'safe' reporting to an objective, senior, listener • timely and consistent response from management • support for realistic outcomes. 	Health Services	Ongoing	Health services responsible for implementation. <i>Management response will be reinforced by work being undertaken as part of Strategy 3, recommendation 12.</i>	
<p>Recommendation 14 The principles of affecting behaviour through environmental design and management should be applied to all future building development and refurbishment.</p>	All	Completed	Crime Prevention Through Environmental Design (CPTED) principles included in <i>Preventing Occupational Violence In Victorian Health Services: A Policy Framework And Resource Kit</i> . Taskforce work has been used to inform 2007 review of <i>Design Guidelines for Hospitals and Day Procedure Centres</i> (DHS 2004) by DHS and draft <i>Designing workplaces for safer handling of people</i> (WorkSafe Victoria).	
<p>Recommendation 13 The Department of Human Services and health services commit resources to support:</p> <ul style="list-style-type: none"> • The implementation of strategies to prevent and manage violence and aggression against nurses and other health workers • Strategies developed in areas that include design, personnel, equipment, publications and training • The evaluation of the strategies following their implementation • Preliminary analysis of the data set and strategies 12 months after implementation and a comprehensive evaluation of the same after 3 years. 	DHS & Health Service	IN PROGRESS	A process is underway to determine appropriate projects or activities to be funded from Occupational Violence prevention fund established by DHS. The initial distribution of funds will occur in 2008. "Improving Safety in Emergency Departments for nurses and patients" project is incorporated into the DHS Occupational Violence workplan. Scoping for this project is being undertaken.	
<p>Recommendation 26 That the Department of Human Services:</p> <ul style="list-style-type: none"> • Promotes management of bullying in accordance with the WorkSafe Victoria <i>Bullying and Violence at Work Guidance Note</i> (February 2003) • Further researches nursing culture to identify key factors that may trigger bullying behaviour by nurses, thereby enabling a more targeted approach to prevention • Considers sponsorship of innovative strategies to prevent bullying and disseminate ideas and outcomes to health services. 	DHS	IN PROGRESS Commenced Dec 2006 Estimated completion 2009	<ul style="list-style-type: none"> • Extract from WorkSafe Guidance Note is included in <i>Preventing Occupational Violence In Victorian Health Services: A Policy Framework And Resource Kit</i>. DHS 2007 • Options for research directions currently being considered including gaps identified by Women's Safety Strategy Literature Review. 	

STRATEGY 2: RAISING AWARENESS		The development of a communication strategy including a public awareness campaign.		
Recommendations	Resp.	Status & Timeline	Progress as at February 2008 Proposed activities/work plan	
<p>Recommendation 5 That the Department of Human Services develop education and awareness programs for the community, police and the judiciary, to promote a greater understanding of occupational violence in nursing.</p> <p>Recommendation 8 That the Victorian Government and health services develop, pilot and implement a public awareness campaign that:</p> <ul style="list-style-type: none"> • promotes an expectation of behaviour and consequences for unacceptable violence and aggression • clearly states the message that violence towards nurses is unacceptable. 	DHS DHS	IN PROGRESS Commenced Early 2006 Estimated completion Dec 2008	<ol style="list-style-type: none"> 1. NURSESAFE campaign launched by Minister for Health 2006. 2. Initial Occupational Violence poster produced and disseminated to health services. 3. Launch of <i>Preventing Occupational Violence In Victorian Health Services: A Policy Framework And Resource Kit</i> accompanied by additional promotion material, including suite of posters (in diverse settings) and multilingual card. 4. Key messages for promotional material tested and adopted. 5. Statewide forum held in 2007. Continued engagement to occur in 2008 including regions. <p><i>Note: Issue of awareness and education of police and judiciary being considered as part of Strategy 3</i></p>	
<p>Recommendation 11 All health organisations will:</p> <ul style="list-style-type: none"> • establish an aggression management reference group which will be responsible for developing policies and procedures around the management of aggressive incidents, primarily through a clinically led aggression management team • ensure that all clinical areas undertake a risk assessment and give consideration to a number of strategies, including the development of guidelines to address the needs of each different setting and reviewing the need for appropriately trained security personnel • establish, in all high-risk departments, security measures that include a response by staff who are trained in the prevention and management of violence and aggression during hours of operation • consider how to address the broader issues of physical restraint and seclusion within non-designated mental health areas • develop guidelines for emergency responses during operating hours in smaller health facilities or for those nurses working in community, rural and remote settings. 	Health Services	IN PROGRESS Commenced Mar 2006 Ongoing	<p>Health services responsible for implementation.</p> <p>Linked & ongoing related activity/initiatives include:</p> <ul style="list-style-type: none"> • <i>DHS has an established Occupational Health and Safety Network for health service OH&S Managers. Nurse Policy Branch (NPB) is liaising with Network to provide information and assistance about their local implementation.</i> • <i>Regional funds dispersed to provide a facilitating resource to assist health services to apply a focused approach to assess the effectiveness of meeting their obligations and to plan for remedial activities. Project officers will be engaged across country Victoria to assist Health Services with local implementation of; "Preventing occupational violence in health care: A policy framework and resource kit." Guidelines for regional project have been developed which include satisfactory implementation of recommendations from the Taskforce.</i> 	

STRATEGY 3: ENHANCING THE JUSTICE INTERFACE		Enhancing the interface between health services and the justice system		
Recommendations – Cluster 5,6,7 & 12		Resp.	Recommendations – Cluster 5,6,7 & 12	
<p>Recommendation 5 That the Department of Human Services develop education and awareness programs for the community, police and the judiciary, to promote a greater understanding of occupational violence in nursing.</p> <p>Recommendation 6 That the Department of Human Services requests the Department of Justice to consider the issues of occupational violence in nursing and consider legislative mechanisms and strategies that will improve the safety of nurses and other health care workers.</p> <p>Recommendation 12 That the Victorian Government considers procedures for reporting to police, laying charges and prosecutions, including the potential for legislation for nurses similar to that developed for ambulance officers. (A Memorandum of Understanding, similar to that adopted between NSW Health and NSW Police, is a useful reference)</p>		DHS DHS & DoJ DHS	<p>Recommendation 7 That the Department of Human Services consider the development of state-wide guidelines with respect to weapons and dangerous articles within the health care setting. This may include introducing legislation or guidelines in health services that relate to the search and removal of weapons and/or dangerous articles, the storage, disposal or return of such articles, and to allow police to receive and hold such property, regardless of whether it is to be used as evidence in relation to a crime or that charges are to be laid. This matter should be considered together with other legislative issues referred to the Department of Justice.</p>	DHS
Status & Timeframes	Progress as at August 2007 Proposed activities/work plan	Linked & ongoing related activity/initiatives include:		
<p>IN PROGRESS</p> <p>Commenced March 2006</p> <p>Estimated Completion</p> <p>i. June 2008</p> <p>ii. June 2008</p> <p>iii. Sep 2008</p>	<ul style="list-style-type: none"> Minister for Health wrote to Attorney General regarding recommendations – 14 March 2006. Justice System Interface Working Group (JSIWG) established including representatives of Victoria Police and the Department of Justice. The workplan for recommendations 5, 6, 7 and 12 is progressing. The key deliverables are: <ul style="list-style-type: none"> Multi-media resource tool for key target groups, in particular the police, the judiciary and the community to promote a greater understanding of occupational violence in healthcare Development of a principle based approach to management of weapons and other dangerous articles in health care settings Development of a principle based bi-partisan agreement that identifies the roles and responsibilities of health care workers, management and police when occupational Violence occurs. <p><i>Work on promoting awareness in Vic Police and judiciary will be managed as part of this work plan and will be based on work being undertaken in Strategy 2.</i></p>	<ul style="list-style-type: none"> <i>Crimes Act is currently being reviewed and DHS is working with Department of Justice on matters such as policy issues related to health workers and penalties for crimes.</i> <i>Since the taskforce, the Victims Charter Act 2006 has been enacted that governs the responses to victims of crime by criminal justice agencies, beginning with a commitment to treat victims with courtesy, respect and dignity. The principles also include obligations to keep victims informed about the investigation of the crime, details of any court hearings and outcomes of proceedings including any sentence imposed. (www.justice.vic.gov.au/victimsofcrime)</i> <i>The Industry occupational health and safety standards for preventing and managing occupational violence and aggression in Victoria's mental health services are currently being updated led by DHS Mental Health Division.</i> 		

STRATEGY 4: SUPPORTING EDUCATION & TRAINING		<i>Ensuring that education and training for the prevention and management of bullying and violence reflects the organisational context and the needs of the employee.</i>		
Recommendations	Resp.	Status & Timeframes	Progress As at February 2008 Proposed activities/work plan	
<p>Recommendation 20 That the Minister for Health requests:</p> <ul style="list-style-type: none"> The Nurses Board of Victoria to require, through accreditation processes, nursing courses leading to registration to include OH&S principles, particularly those that address occupational violence and bullying The Australian Nursing and Midwifery Council to consider the development of competency standards pertaining to OH&S principles and require the inclusion of OH&S components of occupational violence & bullying. 	DHS	COMPLETED	Nurses Board Of Victoria (NBV) advise they require education providers to ensure rec. 20 is incorporated in re-accreditation submissions, and are liaising with Australian Nursing & Midwifery Council regarding possibility of developing competency standards on OH&S in their work plan.	
<p>Recommendation 18 Providers of agency nurses ensure nurses receive education and training in the prevention and management of occupational violence and bullying prior to undertaking casual employment with any health care facility. This education is to include all key elements identified as a minimum educational and training requirement.</p>	Not specified	COMPLETED	<p>Letter sent to agencies by Principal Nurse Advisor, DHS regarding Recommendation 18 in 2006.</p> <p><i>Labor Hire Agencies: Managing The Safety Of On-Hired Workers (WorkSafe June, 2006) is available for health services to inform their local policies.</i></p>	
<p>Recommendation 17 Health services:</p> <ul style="list-style-type: none"> Provide education and training for nurses to prevent and manage occupational violence and bullying. The education and training addresses the key elements identified by the Education Subcommittee, including prevention and management of occupational violence and bullying. Provide nurses, including part-time and casual bank nurses and other health care employees, with education and training as part of the orientation process to a new organisation Ensure all nurses in the workplace undertake continuing education and training programs that address occupational violence and bullying at least on an annual basis Provide additional specific training to staff working in identified high risk areas Maintain a database of all nurses who have completed education, and develop systems to ensure the adequate education of casually employed nurses in relation to occupational violence & bullying and that these systems meet the requirements of the <i>Occupational Health & Safety Act 2004</i>. <p>Recommendation 19 Health services develop specific education programs for all managers, covering:</p> <ul style="list-style-type: none"> The impact of occupational violence and bullying on the workforce The organisation's expectations of the managers, inclusive of policy and procedures for prevention and management of incidents The importance of supporting staff to report incidents The obligations of the manager Techniques and available support mechanisms for staff and managers. <p>Recommendation 24 That health services establish management education strategies that:</p> <ul style="list-style-type: none"> Explore and articulate mechanisms to assist organisations to manage situations where, despite investigation, no clear resolution is obvious and/or possible Emphasise positive behaviours in the workplace Raise nurses' awareness of the differences between bullying behaviours and legitimate business practices, for example, legitimate and reasonable performance management and organisational change Minimise ambiguity so that bullies and victims are aware of the subtleties and trivialities that comprise bullying in nursing. <p>Recommendation 15 Health services develop a clear statement of expected behaviour, outlining acceptable and unacceptable behaviour, for both staff and consumers.</p>	Health Services	IN PROGRESS Ongoing	<p><i>Specific DHS activities to support health service efforts on these recommendations include:</i></p> <ul style="list-style-type: none"> <i>Submission made to National Safety and Quality Commission regarding the review of the Australian Council for Healthcare Standards (ACHS) refer to related initiatives point 2</i> <i>Implementation of HRMS component of HealthSMART will assist with reporting and monitoring requirements as well as providing infrastructure for a database of staff education/training. Refer to related initiatives document point 3</i> <i>Education/training mapping work being undertaken by Melbourne University will assist in determining ongoing work. Refer to related initiatives document point 4.</i> <i>Supporting DHS OH&S Officer's network. (see recommendation 11). Refer to related initiatives point 5</i> <i>Recommendation 13 provides for allocation of resources for occupational violence prevention initiatives including training.</i> <i>Guidelines for consideration of occupational violence prevention training included in 'Preventing occupational violence in Victorian health services; a policy framework and resource kit.' (2007)</i> 	

STRATEGY 5: EFFECTIVE REPORTING & MONITORING		<i>Develop effective reporting and monitoring systems including a standardised minimum data set that will enable health services to report, monitor and compare bullying and violence.</i>		
Recommendations – Cluster 5,6,7 & 12		Resp.	Status & Timeframes	Progress As at February 2008 Proposed activities/work plan
<p>Recommendation 27 That the Department of Human Services:</p> <ul style="list-style-type: none"> • Develops a state-wide minimum data set that includes key critical fields, with reference to the critical fields identified by the Reporting Tools Subcommittee • Develops guidelines to assist health services to understand the significance of data collection related to violence and bullying and to collect critical field information • Pilots the data set across a sample of Victorian health services prior to implementation. <p>Recommendation 28 All health services submit a minimum data set to the Department of Human Services on a biannual basis.</p> <p>Recommendation 29 That the Department of Human Services makes aggregated local data results available to health services and WorkSafe Victoria to compare local prevalence and nature of events and create statewide benchmarking.</p>		DHS	IN PROGRESS Commenced June 2006	<ul style="list-style-type: none"> • Violence minimum data set referred to DHS Incident Information System project (IIS) which will include OHS incident types. • NPB will collaborate with Statewide Quality Branch, DHS regarding the implementation of mechanisms for statewide aggregation, analysis and trending of incident data from IIS. <p><i>Linked & ongoing related activity/initiatives include:</i></p> <p><i>Submission made to National Safety and Quality commission regarding the discussion paper related to Australian Council of Healthcare Standards (ACHS) review.</i></p> <p><i>Work on this cluster supports and links with Rec 17</i></p>
<p>Recommendation 21 Higher education providers and health services create a mechanism for monitoring and evaluating the prevalence of bullying and violence experienced by students in the workplace during clinical placements.</p>		Education Providers & Health Services	Commenced June 2006	IIS will capture incidents occurring during clinical placements (See above). Although not mentioned in recommendation, implementation will include TAFE colleges, thus students undertaking the Certificate IV in Health (Nursing) course will be included in any reporting.