

**What is happening at Melbourne Health?**  
*Implementation of the Aggression Prevention and  
Management Safety Development Fund Project*

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**DHS OHS Forum @ Western Health**  
**“Aggression Prevention & Management”**  
**19<sup>th</sup> October 2007**



**MELBOURNE HEALTH**

in partnership with



**NORTHEAST HEALTH  
WANGARATTA**

# Overview

- Safety Development Fund Project
- Project Toolkit
- What is happening at Melbourne Health?
- Implementation Challenges
- Conclusion

# Safety Development Fund Project

- Project Partners – Melbourne Health and Northeast Health Wangaratta
- 2005 to 2008
- Establish and maintain effective prevention and management of client-initiated aggression
- Strong support and buy-in from wider industry
- Key stakeholders with specialised skills and experience

# Client-initiated Violence

- Where a client or a client's family member/friend/guardian can be the source of the violence
- Patients and their visitors are main perpetrators

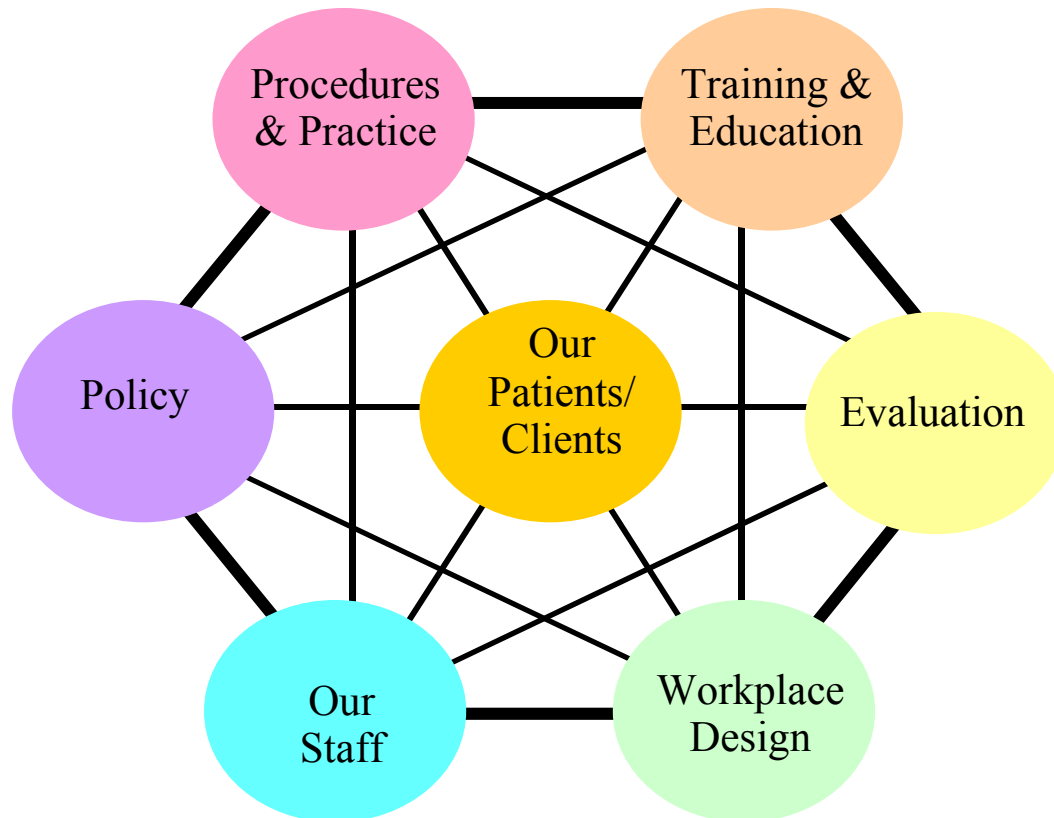


# Development of Project Toolkit

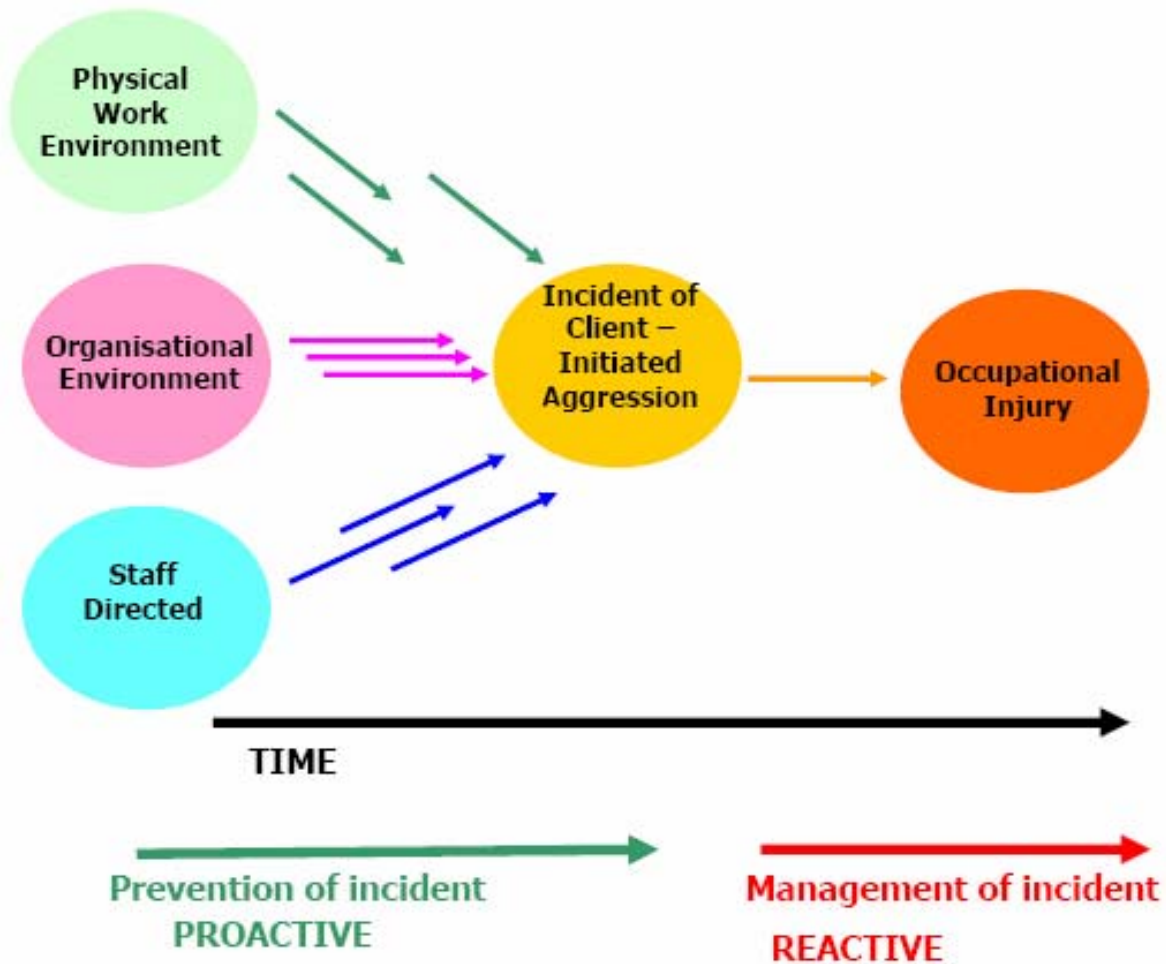
- Focus on OH&S Risk Management Principles
- “State of Knowledge”
- Effective consultation
- Proper documentation
- Regular measurement and evaluation



# Project Toolkit Elements



# Project Model



# Melbourne Health

- Major public health care provider in Victoria
- More than 7,000 staff
- More than 1,000 beds in the acute, sub-acute and community sectors
- RMH – “the jewel in the crown”

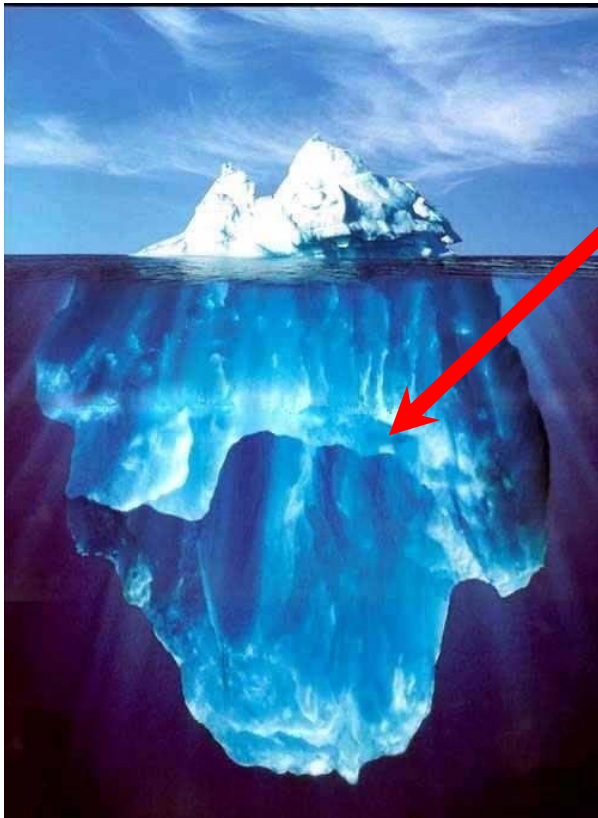


# Melbourne Health 2007 Cultural Change

*“Passion for Caring - Achieving the Extraordinary”*



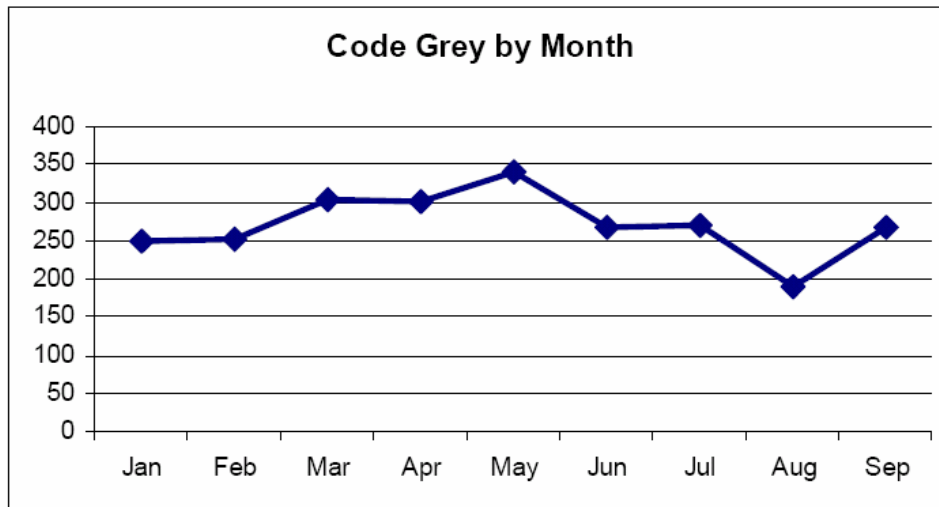
# Reporting



- 80% of incidents unrecorded
- Reporting on RiskMan™
- Aggression is seen as part of the job

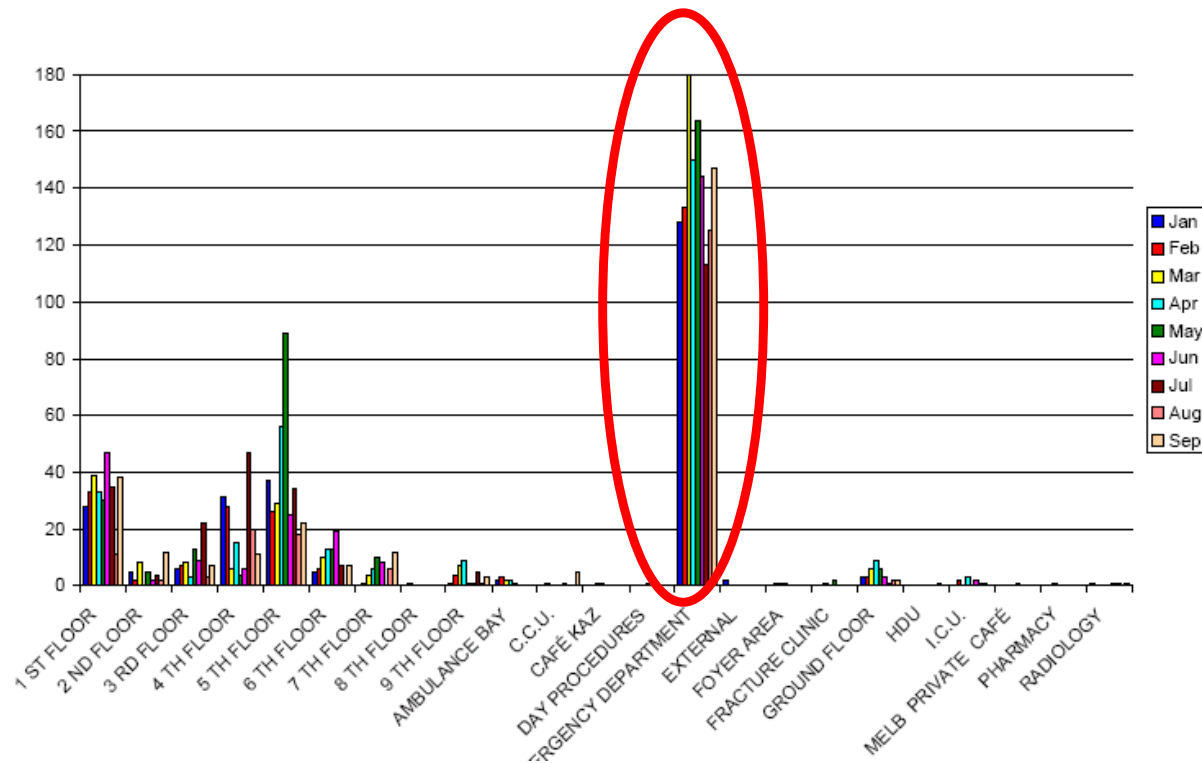
# Overall Data

- Indicates that the level of risk appears to be rising over time and across work areas



# Code Grey by Building

(RMH City / January – September 2007)



# High Risk Areas

- Mental Health Areas
- Emergency Departments
- Aged Care Areas



(consistent with Mayhew and Chappell, 2001)

# Implementation at Melbourne Health

## Emergency Services (ED)



## Ambulatory & Continuing Care (ACC)



# ED Action Group

- Search Policy
- Risk Screening
- Police Liaison
- Re-development



# Illicit Drugs & Alcohol

- Up to 50% of episodes are associated with alcohol or drugs
- Timing almost certainly related to social patterns of substance use
- ED (and hospitals generally) employ ‘most vulnerable’ staff during the most critical times



(Kennedy, 2005)

# THE RMH EMERGENCY DEPARTMENT

## PRELIMINARY RISK SCREEN

Targeted towards known high risk populations which include (but not exclusive to):

- males presenting with injuries inflicted by self or other
- those on alert
- substance or alcohol affected
- suspected of having a mental illness

# ACC Taskforce

(Management of Challenging Behaviours & Aggression)

- Person with Dementia
- Care Staff
- Environment
- Interaction



# Where to from here ...

- Highlight interpersonal, organisational and environmental factors ... especially in areas where high levels of aggression occur
- Evaluate effects on staff performance and on patient care



# Not Only a Legal Obligation ...

Effective management of client-initiated aggression as a health and safety hazard makes good business sense

- *Reduced costs*
- *Increased productivity*
- *Higher morale*
- *Better employee relations*

# Summary...

- Occupational violence is multi-causal and best targeted by utilising a multi-faceted organisational approach.
- Paradigm shift from a focus on managing incidents ad-hoc and reactively ... to a preventive, integrated, systematic and proactive approach.
- Cultural change i.e. no blame attached to victims ... and violence is NOT 'part of the job'

# Questions / Contact Details

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