Workplace Violence Prevention indicator in hospital Quality Improvement Plans (QIPs)

SUDHA KUTTY, HQO, DIRECTOR, QUALITY IMPROVEMENT STRATEGIES & ADOPTION
DANYAL MARTIN, HQO, MANAGER, QUALITY IMPROVEMENT STRATEGIES & QUALITY IMPROVEMENT PLANS
ERNA BUJNA, ONA, HEALTH & SAFETY SPECIALIST
MODERATED BY LAURIE BROWN, ONA, REGIONAL VICE-PRESIDENT

ONA Provincial Health and Safety Teleconnect

NOVEMBER 14, 2017 16:30 TO 18:00PM
Agenda

• Provide an introduction to Quality Improvement Plans, including timelines and key activities
• Discuss the rationale for mandating a specific indicator on workplace violence prevention in the QIPs
• Describe how the JHSC is to be involved in the development of the QIP and how JHSC representatives and quality improvement teams can work together on this important issue
• Describe guidance and resource materials that will be available to help your employer develop their QIP and implement it in your workplace.
Who is Health Quality Ontario?
We are the provincial advisor on the quality of health care in Ontario.
We are driven by a single-minded purpose: Better health for all Ontarians through excellent care for all.
Embrace Health Quality

A health system with a culture of quality is... stays true to these principles

- Safe
- Effective
- Patient-centred
- Efficient
- Timely
- Equitable

...and can only happen when we

- Engage patients and the public
- Redesign the system to support quality care
- Help professionals and caregivers thrive
- Ensure technology works for all
- Support innovation and spread knowledge
- Monitor performance with quality in mind
- Build a quality-driven culture

A just, patient-centred health system committed to relentless improvement. Let’s make it happen.

Read our vision for achieving a quality health system
Quality Matters: Realizing Excellent Care For All

www.hqontario.ca
Quality Improvement Plans Overview
What is Quality Improvement?

- Quality improvement can be defined as a **systematic approach** to making **changes** that improve clinical **practice** and health system **performance**, enhance professional and/or organizational **development**, and **improve patient and population health outcomes**.

- In other words:
  - Quality improvement is an approach to making changes that improve quality of care and how the health system performs.
What is a Quality Improvement Plan?

- A written plan that says how health organizations will try to improve care
- It is a legal requirement (for hospitals through the Excellent Care for All Act, for others by their funding agreements). Ontario is the only place in the world that requires this by law.
- The Board of the organization needs to sign off on the QIP
- Encourages organizations to focus in on specific areas to improve
- Includes measures for organizations to track their progress
- Includes ideas for changes that organizations are putting in place to improve
- As well, organizations can choose things that are important for them based on what’s happening at their own organization
Quality Improvement Plans Program

- Grounded in Excellent Care for All Act
- AIM: to set provincial quality agenda

<table>
<thead>
<tr>
<th>Prioritize</th>
<th>Advance improvements</th>
<th>Analyze and share</th>
<th>Change culture</th>
<th>Foster community and patient engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set and advance provincial priorities for improvement; and set local priorities for improvement within a QI framework</td>
<td>Systematic, collaborative, integrated approach demonstrating impact; ultimately aligned with Quality Matters framework</td>
<td>Analyse improvement plans and share findings to inspire further activity</td>
<td>Imbue a culture of quality within organizations</td>
<td>Provide vehicle to foster community and patient engagement in quality</td>
</tr>
</tbody>
</table>
Quality Improvement Plans

- Annual, transparent articulation of commitment to quality improvement
- Organizational engagement from board to bedside
- Progress over 5+ years of quality improvement plans

QIP Plans by the Numbers

2017/18
1031 QIPs

With submissions from:

- Acute Care 141
- Long-Term Care 589
- Community Care Access Centres 14
- Primary Care* 286

*Includes interprofessional primary care, including family health teams, community health access centres, NP led clinics, and aboriginal health access centres.
What does Quality Improvement Plan look like?

1. **The Progress Report**: describes progress from previous year’s plan

2. **The Narrative**: A brief summary of the plan

3. **The Workplan**:
   - The themes that the organization will be working on
   - How they are currently doing on these themes
   - Ideas on how they are going to improve
Based on the Model for Improvement

MODEL FOR IMPROVEMENT

AIM → What are we trying to accomplish?

MEASURE → How will we know if a change is an improvement?

CHANGE → What changes can we make that will result in improvement?

RAPID CYCLE IMPROVEMENT

ACT

PLAN

STUDY

DO

### An example from Michael Garron Hospital

#### AIM

<table>
<thead>
<tr>
<th>Quality dimension</th>
<th>Issue</th>
<th>Measure/Indicator</th>
<th>Unit / Population</th>
<th>Source / Period</th>
<th>Organization Id</th>
<th>Current performance</th>
<th>Target</th>
<th>Target justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Safe Care</td>
<td>Reduction in incidents of workplace violence</td>
<td>Number / All MGH employees (on payroll, part and full time)</td>
<td>Hospital collected data / April 2016 - March 2017</td>
<td>858*</td>
<td>3</td>
<td>3.00</td>
<td>The organization continues to strive towards reducing all incidents of workplace violence in our journey to staff safety excellence. The target was determined upon review</td>
</tr>
</tbody>
</table>

#### Change

| Planned improvement initiatives (Change Ideas) | Methods                                                                 | Process measures                                                      | Target for process measure       | Comments |
|----------------------------------------------|-------------------------------------------------------------------------|                                                                      |                                   |          |
| 1)Increase spread of Workplace Violence Prevention Training | 1) Revise Training Policy & Plan 2) Review sustainability of training offered 3) Refresher Training program development and roll out | Percentage of employees working in high risk areas that complete an in-class workplace violence training session | 100% of staff in high risk areas that complete in-class workplace |          |
| 2)Align and standardize the flagging and care planning processes among the Joint | 1) Work with Joint Centres Hospitals to create a standardized flagging and care planning process 2) Educate frontline staff and frontline leadership (dyad - Clinical Resource Leader / manager) on the standardized flagging and | Percentage of patients identified as at risk for violence with a behaviour care plan completed | 80% of flagged patients have a behaviour care plan completed |          |
| 3)Improve and strengthen provincial partnerships and sustain MGH’s position as a system leader | 1) Participate in Institute for Work and Health and Health Quality Ontario scholar research projects 2) Expand Workplace Violence knowledge transfer to partner organizations in the Toronto East Health Network | Number of presentations to external partners | 10% increase number of presentations offered to external |          |

[https://qipnavigator.hqontario.ca/](https://qipnavigator.hqontario.ca/)
### Quality Issues and Indicators for the 2018/19 QIPs

<table>
<thead>
<tr>
<th>Effective transitions</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Readmission for one of CHF, COPD or stroke (QBP) (P)</td>
<td>• 7-day post-discharge follow-up (any provider) (P)</td>
<td>• Hospital readmissions (P)</td>
<td>• Potentially avoidable ED visits for ambulatory care-sensitive conditions (P)</td>
<td></td>
</tr>
<tr>
<td>• Readmission for mental health and addiction (P)</td>
<td>• 7-day post-discharge follow-up for select conditions (CHC) (P)</td>
<td>• Unplanned ED visits (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Patient received enough information on discharge (P)</td>
<td>• Hospital readmissions for select conditions (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discharge summaries sent within 48 h of discharge (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinating care</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify patients with complex health needs (Health Links) (A)</td>
<td>• Identify patients with complex health needs (Health Links) (A)</td>
<td>• Identify patients with complex health needs (Health Links) (A)</td>
<td>Narratives</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment of pain and use of opioids</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Narrative</td>
<td>• Narrative</td>
<td>• Narrative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wound care</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pressure ulcers (A)</td>
<td>• Diabetic foot ulcer risk assessment (A)</td>
<td>• Education &amp; self-management (A)</td>
<td>• Pressure ulcers (A)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Palliative care</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Home support for discharged palliative patients (P)</td>
<td>• Patient involvement in decisions about care (P)</td>
<td>• End of life, died in preferred place of death (P)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person experience</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Would you recommend? (IP/ED) (P)</td>
<td>• Client experience (P)</td>
<td>• Resident experience (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Time to acknowledge complaints (A)</td>
<td>• Time to acknowledge complaints (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to right level of care</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Narrative</td>
<td>• Narrative</td>
<td>• Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Alternative level of care rate (P)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe care/medication safety</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medication reconciliation (discharge) (P)</td>
<td>• Medication reconciliation (A)</td>
<td>• Falls for long-stay clients (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medication reconciliation (admission) (A)</td>
<td>• Use of physical restraints in mental health patients (A)</td>
<td>• Prescribing of antipsychotic medications (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Use of physical restraints in mental health patients (A)</td>
<td>• Antimicrobial-free days (ICU) (A)</td>
<td>• Restraints (A)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workplace violence</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Narrative</td>
<td>• Narrative</td>
<td>• Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Overall incidents of workplace violence (M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timely access to care/services</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ED length of stay (complex) (A)</td>
<td>• Timely access to primary care (patient perception) (P)</td>
<td>• Wait time for home care (personal support worker, nurse) (P)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equitable health/equity considerations</th>
<th>Hospital</th>
<th>Primary Care</th>
<th>Home Care</th>
<th>Long-Term Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Narrative</td>
<td>• Glycated hemoglobin testing (A)</td>
<td>• Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Colorectal &amp; cervical cancer screening (A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legend:** (P): Priority indicator  (M): Mandatory indicator  (A): Additional indicator  (QBP): Indicator related to quality-based procedures
QIPs are one of many tools to improve quality and safety

HQO programming

Provincial and regional programming

Other quality organizations support

Accreditation

LHIN accountability agreements

QIP program

Public reporting

Strategic plans

Legislation & regulation

Funding levers

JHSC & Unions
Once submitted all Quality Improvement Plans are publicly accessible and searchable.

Organizations have expressed the value of interacting with others in developing QIPs and found it useful to access others’ QIPs.
Mandating a workplace violence indicator
Background: *Preventing workplace violence in the health care sector*

- Concerns about frequency and severity of workplace violence incidents was at heart of Workplace Violence Prevention in Health Care Leadership Table: “*We need to take concrete steps to change attitudes, provide support for prevention, and make health care workplaces safer and more responsive to incidents of violence.*”

- MoHLTC, MoL, OHA, ONA, OPSEU, and others brought together key stakeholders, experts and patient advocates to advise on how to reduce and prevent workplace violence for health care professionals.

- A report, *Preventing workplace violence in the health care sector*, released in May 2017
Background: Preventing workplace violence in the health care sector

• Aim to support a strong quality improvement approach to workplace violence prevention

• Aim to help build a culture of workplace safety within hospitals.

Recommendation 19: “Include workplace violence prevention in QIPs.

To support hospitals’ efforts to measure their progress in reducing workplace violence, the Leadership Table endorses the following workplace violence indicators:

Ready for collection at the provincial level:

• Rates of workplace violence, overall and stratified by consequence of violence

• Percent of hospitals with an organizational strategic priority focused on workplace violence”
Background: *Excellent Care for All Act, 2010* ONTARIO REGULATION 187/15

“ANNUAL QUALITY IMPROVEMENT PLAN

**Indicators**

2. (1) A health care organization shall include in its annual quality improvement plan indicators that the Minister, after having considered the advice of the Council, directs in writing. O. Reg. 280/17, s. 1.

(2) The indicators mentioned in subsection (1) may relate to any or all of the following:

1. Safety.
2. Effectiveness.
3. Patient-centredness.
4. Efficiency.
5. Timeliness.
6. Equity.
7. **Workplace violence prevention**. O. Reg. 280/17, s. 1.
Background

• To support the implementation of recommendation 19, HQO convened a small task group, comprised of membership from HQO, the QIP Advisory Committee, the OHA, ONA, OPSEU, CUPE, the Public Services Health and Safety Association, and the Institute for Work and Health, as well as representatives from two hospitals.

• With the support from this task group, Health Quality Ontario advised the Ministry and Minister that the following two requirements become mandatory for the 2018/19 QIPs:
  1. The following indicator measuring workplace violence: Number of incidents of workplace violence (relative to size of the organization)
  2. A narrative description of how the hospital has focused on workplace violence as an organizational priority
# Task Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudha Kutty (Chair)</td>
<td>Health Quality Ontario</td>
</tr>
<tr>
<td>Erna Bujna</td>
<td>Ontario Nurses' Association</td>
</tr>
<tr>
<td>Terri Aversa / Dave Lundy</td>
<td>Ontario Public Service Employees Union</td>
</tr>
<tr>
<td>Andréane Chénier</td>
<td>Canadian Union of Public Employees</td>
</tr>
<tr>
<td>Sonja Glass</td>
<td>Cross-Sector QIP Advisory Committee</td>
</tr>
<tr>
<td>Rachel Bredin</td>
<td>Ontario Hospital Association</td>
</tr>
<tr>
<td>Joanna Noonan</td>
<td>Kingston Health Sciences Centre</td>
</tr>
<tr>
<td>Dr. Peter Smith</td>
<td>Institute for Work and Health Secretariat</td>
</tr>
<tr>
<td>Cathy Stark</td>
<td>London Health Sciences Centre</td>
</tr>
<tr>
<td>Henrietta Van Hulle</td>
<td>Public Services Health &amp; Safety Association (PSHSA)</td>
</tr>
</tbody>
</table>

Supported by HQO Danyal Martin, Margaret Millward, Emily Hayes and Sunita Surendra
Scope of QIPs Workplace Violence Prevention Guidance Task Group

The QIP Workplace Violence Prevention Guidance Task Group advised Health Quality Ontario on the development and implementation of three deliverables:

1. Workplace Violence Prevention Technical Specifications for Indicators for the 2018/19 Hospital Quality Improvement Plans
   - Rates of workplace violence, overall
   - Percent of hospitals with an organizational strategic priority focused on workplace violence

2. Quality Improvement Plan Guidance: Workplace Violence Prevention related to the implementation of workplace violence prevention indicators for the 2018/19 Quality Improvement Plans

3. Insights into Quality Improvement: Workplace violence prevention in the 2017/18 Quality Improvement Plans, report based on observations from the submissions
Workplace violence prevention indicator
QIP Workplan: Indicators

There are four types of indicators:

- **Mandatory (NEW)**
  - REQUIRED in QIP; tied to issues where province-wide improvement is urgently required
  - set by Minister upon consideration of advice from Health Quality Ontario (regulation 187/15 under the *Excellent Care for All Act, 2010*; only applies to Hospital sector)

- **Priority**
  - reflect organizational and sector-specific priorities, as well as system-wide, transformational priorities where improved performance is co-dependent on collaboration with other sectors.
  - Recommended, not required. Must justify decision not to include in QIP

- **Additional**
  - measure important areas for QI and can be included in your QIP to reflect your organization’s specific QI goals and opportunities

- **Custom**
  - any other indicators your organization includes in your QIP
## Technical specification for the mandatory hospital indicator in the QIP Workplan

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th><strong>Number of workplace violence incidents (Overall)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory, Priority /Additional indicator?</td>
<td><strong>Mandatory</strong></td>
</tr>
<tr>
<td>Dimension</td>
<td>Safety</td>
</tr>
<tr>
<td>Direction of Improvement</td>
<td>If your organization is focused on building your reporting culture, your QIP target for this indicator may be to increase the number of reported incidents. If your organization’s reporting culture is already well-developed, your QIP target may be to decrease the number of incidents occurring.</td>
</tr>
<tr>
<td>Type</td>
<td>Outcome</td>
</tr>
<tr>
<td>Description</td>
<td>This indicator measures the number of reported workplace violence incidents by hospital workers (as by defined by OHSA) within a 12 month period</td>
</tr>
<tr>
<td>Unit of Measurement</td>
<td>Number of workplace violence incidents reported by hospital workers</td>
</tr>
<tr>
<td>Calculation Methods</td>
<td>Number of workplace violence incidents reported by hospital workers within a 12 month period</td>
</tr>
<tr>
<td>Inclusions:</td>
<td>The terms “worker” and “workplace violence” as defined by under the <a href="https://www.ohsa.ca.on.ca">Occupational Health and Safety Act</a> (OHSA, 2016)</td>
</tr>
<tr>
<td>Current performance: reporting period</td>
<td>January – December 2017</td>
</tr>
</tbody>
</table>
Setting targets

• Many hospitals may need to target to collect baseline (CB) data this year

• Some hospitals may be concerned about suppression and target “X”, which would indicate an estimate of <5 incidents of violence

• Some will target an increase of reported incidents
  – If focus is on a culture of reporting
  – Increase due to move to including “workers”, not just staff

• Some will target a decrease of reported incidents
  – Mature reporting system
Workplace Violence Prevention in QIP Narrative

Free text box, with the following instructions:

Please describe how workplace violence prevention is a strategic priority for your organization. For example, is it included in your strategic plan or do you report on it to your board?

Health Quality Ontario will be using the hospital responses to provincially report on the percent of hospitals with an organizational strategic priority focused on workplace violence.
Useful tips and what you should expect
What to expect

According to the Occupational Health and Safety Act, hospitals are required to consult with their joint health and safety committee when developing, establishing, or putting into effect measures and procedures for the health and safety of workers. [O. Reg. 67/93, s. 8]

The recommendation of the Leadership Table is that JHSC members should be involved in the development of the QIP and the workplace violence prevention activities described within it. (The hospital QI department is still responsible for the overall QIP.) Examples of how JHSC members may be asked to participate include:

• Helping to develop targets and change ideas (ideas for improvement)
• Helping to develop and implement the activities in the QIP
How to prepare

• Identify your hospital’s QI lead and set up time to meet him/her to learn more about your hospital’s development and approval processes, timelines, and who is involved

• Read your organization’s QIP – it should be on your website or you can find it here: https://qipnavigator.hqontario.ca/

• Read the WVP indicator guidance document and WVP report: http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans

• Read the Leadership Table’s report and familiarize yourself with the tools and recommendations: https://www.ontario.ca/page/preventing-workplace-violence-health-care-sector

• Put the QIP on your JHSC agenda – ask your QI lead to present to the JHSC on quality improvement and QIPs (and vice versa)
What are the timelines for QIP?

Organizations implement Workplan

Organizations plan for next year

Document progress and new Workplan

HQO data cleaning and analysis

HQO analysis

HQO consultation for indicators

HQO share results

HQO support submission

HQO release next years indicators
Workplace Violence Prevention
QIP Guidance

What’s is the purpose of this document?

The purpose of this guidance is to support hospitals in meeting the expectations around the new mandatory workplace violence indicator that will be included in the 2018/19 QIPs for the hospital sector. Guidance is based on recommendations from Preventing workplace violence in the health care sector, report of the Workplace Violence Prevention in Health Care Leadership Table (released May 2017)

Who is it for?

Although primarily written for those in the hospital sector, this guidance also includes information that will be helpful for organizations in the primary care, long-term care, and home care sectors as they integrate workplace violence prevention into their QIPs.

QIP Guidance includes:

Application of the Health Quality Ontario’s Quality Improvement Framework
Workplace Violence Prevention QIP Insight Report

What is it?

The report describes health care organizations work related to workplace violence prevention from the Narrative section from the 2017/18 QIP submissions

Who is it for?

The purpose of this snapshot is to share highlights, ideas and tools that organizations described as currently in place to address workplace violence prevention. The report reflects organizations from different sectors, model type and geographies.

Limitations?

This was based on the information that was submitted to HQO. Many organizations may not have described the full extent of their work to address workplace violence in their QIPs.
Workplace Violence Prevention
Quality Compass

What’s coming?
Health Quality Ontario provides resources to support workplace violence prevention in Ontario specifically focused on the hospital QIP.

Quality Compass Includes:
- Evidence Informed Best Practices
- Measurement
- Tools and Resources
- Background of the issue and call to action

How do I access this information?
http://qualitycompass.hqontario.ca/
From Ideas to Action

At Quorum, we collaborate to learn from each other, share our experiences, and support innovation from idea inception through to meaningful improvement.

Discover the latest in quality improvement

https://quorum.hqontario.ca/
Posting on Quorum

A Proactive Approach to Workplace Violence-SAFEWARDS MODEL

To date NBRHC has implemented Safewards on 12 inpatient mental health units. This Model of care was introduced to keep our staff and patients as safe as possible, as a step in eliminating preventable harm, to link our patient and staff safety plans and to find a balance between risk and recovery philosophies. We took advantage of the open sourced model and adapted it to fit our organization. We worked closely with frontline staff on each unit to build Safewards into their already existing work, the ten practices of Safewards are not new to us as health care providers, we all do them, the problem is we all do them a little differently and that brings inconsistency and confusion to our patients. Safewards has been introduced to standardize our work. We created Standard Work Processes to support consistency, accountability and clarity. We also recognized the importance of showing staff what benefits they will see, such as less aggressive patients, improved safety, a better experience for those in care and those providing it and tools that offer a proactive approach to care instead of a reactive one.

Here is a link to the NBRHC Safewards Toolkit [http://www.nbrhc.on.ca/web/Safewards/Safewards.zip](http://www.nbrhc.on.ca/web/Safewards/Safewards.zip)
## Contacts:

<table>
<thead>
<tr>
<th>Content</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement Plans</td>
<td>Quality Improvement Specialists: <a href="mailto:QIP@HQOntario.ca">QIP@HQOntario.ca</a></td>
</tr>
<tr>
<td>Public Services Health and Safety Associations: Workplace Violence</td>
<td>PSHSA: Healthcare and Community Services Consultants</td>
</tr>
<tr>
<td>Prevention Initiatives and support</td>
<td><a href="http://www.pshsa.ca/consulting-support/find-your-consultant/">www.pshsa.ca/consulting-support/find-your-consultant/</a></td>
</tr>
<tr>
<td>More information about JHSC involvement</td>
<td>Your ONA Labour Relations Officer</td>
</tr>
<tr>
<td>Reporting an incident workplace violence incident</td>
<td>Your hospital</td>
</tr>
</tbody>
</table>
Thank you.

Let's continue the conversation:

- hqontario.ca
- @HQOntario
- HealthQualityOntario
- @HQOntario
- Health Quality Ontario
- qip@hqontario.ca

Health Quality Ontario
Let's make our health system healthier