The Case Studies

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Violence and Aggression is never okay.

Up to 95% of Victorian healthcare workers have experienced verbal or physical assault in the workplace. That’s not acceptable.

No matter what the situation, aggression and violence against healthcare workers is never okay.

Around Victoria, healthcare organisations, working in different areas of healthcare and facing different challenges, have implemented a range of strategies to reduce the incidence of violence and aggression. Many of these are showing encouraging results.

In this booklet, WorkSafe has compiled case studies from seven of these organisations.

While they are provided here for information purposes only and WorkSafe can make no claim as to their accuracy, they may be useful as a source of ideas for other healthcare organisations seeking to address similar challenges.

For more information, visit www.worksafe.vic.gov.au/itsneverok

Please Note: WorkSafe Victoria does not accept any liability to any person for the information or advice, or the use of such information or advice, provided in the case studies.
Alphington Aged Care: Behaviour management education for all staff and family members of clients.

The Background
Alphington Aged Care (AAC) is a 45 bed Ageing in Place Facility and part of the Chronos Care group.

The Problem
Because of Australia’s ageing population, there has been a dramatic increase in the number of elderly people experiencing dementia. AAC does not have a dedicated memory or dementia unit to care for residents with these issues.

Residents with advanced dementia have unexpectedly hit or punched other residents and staff or displayed extreme reactions such as screaming or yelling for no apparent reason.

These behaviours can be very distressing for other residents – particularly those who are cognitively aware – as well as staff and visitors. Family members who observe these behaviours in their loved ones find it very difficult to understand, especially if the person with dementia has never been an aggressive or angry person. This can create a stressful and frustrating situation for family members, the person with dementia and staff.

The Solution
• AAC contacted Alzheimer’s Australia and arranged education sessions for the friends and relatives of residents experiencing dementia. The education sessions were free of charge and delivered in the evenings.
• Anyone attending the sessions could feel free to ask questions in a supportive environment and also have the opportunity to network with the family and friends of other residents who were going through a similar experience.
• AAC also implemented mandatory behaviour management education for all staff, not just the direct care staff. This includes catering, lifestyle and cleaning staff.
• AAC have also made use of fact sheets and other support material from Dementia Behaviour Management Advisory Service (DBMAS), as well as adding new information to their Continuous Improvement Plan.

Outcomes
• There has been positive feedback from the family and friends of residents. They now have a better understanding of what their loved ones are experiencing, the things that might trigger aggressive behaviours, and how to manage those behaviours when visiting. They are also relieved that it is not something they are expected to ‘fix’ for themselves.
• Staff now have a far better understanding of how to manage difficult behaviours. They also have an improved care plan formulation to work with, and an improved ability to problem solve.

Next Steps
AAC has developed many resources from this experience and hopes to continue to deliver education sessions for family and friends of residents.

For staff, the face to face education sessions compliment a comprehensive online training package which staff complete every year, and AAC now have a corporate subscription to the Australian Journal of Dementia Care to support ongoing learning and improvement.

Outcomes from the education sessions will continue to contribute to AAC’s approach to prevention and management of violence and aggression.

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Benetas: Reducing resident aggression through a new model of care.

Background
Benetas is a leading not-for-profit aged care provider offering residential aged care homes, independent living, respite and in-home care services. As part of this, Benetas runs 13 residential facilities across metropolitan and regional Victoria.

The Problem
There has been an increase in OVA incidents occurring in residential aged care homes over the past few years. While Benetas staff are trained to recognise and deal with residents exhibiting these behaviours, this does not prevent them.

In 2015, Benetas began a review into its model of care, taking account of experiences from around the world. OVA was not the primary reason for the review, but the outcome indicated that the physical environment in aged care facilities – which usually offers very little privacy and is characterised by large, exposed spaces – contributed to adverse behaviour by some residents.

The Solution
Benetas has taken a new approach to the way they provide residential aged care, which includes an innovative approach to the way their facilities are designed, creating an environment in which individuals can feel more at home.

- The new design features small clusters of bedrooms in an apartment style configuration. It includes shared living, dining and external spaces, as well as a kitchen designed for both personal cooking and bulk food service. Having the bedrooms close to the shared living spaces reduces isolation for less mobile clients. Both residents and visitors can use the kitchens, which are resourced to support choice and activity. The residents are encouraged to assist in daily domestic activities just as they would in their own homes. Finally, the outdoor spaces bring light and colour into the apartment.

- The facility thoroughfares are external to the apartments, as are back of the house functions, so noise and foot traffic is kept to a minimum. The design of the living and bedroom spaces incorporate recommendations for people living with dementia, including special consideration to the floor and wall coverings, as well as bathroom design.

- As part of the new approach, each apartment has a dedicated team of carers who develop a close understanding of the residents’ needs. This team works together across the week, with each holding responsibility for the activity within the ‘home’. The carer forms part of the nucleus of client, family, carer.

- All service elements interconnect, including systems and tools, culture, staffing, roles and workflows, internal brand elements, hotel services, community engagement, technology, the built form and internal design, and each has been considered in relation to how it supports the new approach.

Outcome
In the first four months after opening their first site designed using the new model of care, there were no reported incidents of violence or aggression from residents towards Benetas staff.

Next Steps
The new model of care will be incorporated into all new Benetas builds and a hybrid model will be rolled out for existing sites as they are refurbished.

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Ballarat Health Services: Taking a regional approach to violence and aggression training.

Background
Ballarat Health Services (BHS) offers a comprehensive range of services in acute, extended and psychiatric care, with both inpatient and outpatient facilities. While most of the work is undertaken in Ballarat, BHS also has community programs that cover the whole of Western Victoria, from Bacchus Marsh to the South Australian border.

The Problem
Until 2014, there was no ongoing occupational violence and aggression (OVA) training program in place for BHS staff, except for those in mental health services. Other regional healthcare services supported by BHS also had no sustainable OVA training or code grey response. Increasing costs in WorkCover claims prompted a risk register review, resulting in the OVA risk for the organisation being lifted to high. A need was identified for a sustainable, ongoing OVA training program.

The Solution
• The business case for an OVA trainer and coordinator was approved internally at BHS and supported by Department of Health and Human Services (DHHS) project funding.
• A partnership was formed with Melbourne Health to implement their Management of Clinical Aggression (MOCA) program at BHS.
• Training standards were aligned across health service providers in the Grampians region. The regional DHHS office also partnered with BHS, along with Regional Health Networks in the Grampians region, including Castlemaine and Maryborough.
• The BHS MOCA Coordinator role was expanded to support regional trainers and the Regional OHS Committee was re-established to provide ongoing consultation between healthcare services and DHHS.

Outcome
• Ballarat Health Services now has a fully credentialed MOCA trainer and offers all staff ongoing training support in Occupational Violence and Aggression. There is also ongoing maintenance and training for Code Grey responses using MOCA.
• OVA training across the region is now more consistent, providing a more reliable experience for staff, patients and visitors as they move between health services.
• The most serious OVA incidents now undergo critical incident reviews and even near misses are investigated.
• There is also ongoing maintenance and training for Code Grey responses using MOCA.
• Staff are now more confident in managing aggressive and violent behaviours.
• Code Grey alerts have increased significantly, and reporting of other OVA incidents, including those that have not had a Code Grey call (residential sites only) have also increased.
• Environmental design has also been improved, with better access points, duress system upgrades and increased security presence.

Next Steps
BHS will continue with the OVA training in its current framework, working closely with Melbourne Health and the Grampians Regional Health network to consolidate MOCA principles and Code Grey responses across the Grampians region. The effectiveness of the program will be subject to ongoing review as BHS continues to expand its knowledge base and share solutions.

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Northern Health
Reducing aggression in the Emergency Department through a streaming model.

Background
Northern Health is a busy metropolitan public health service covering the north of Melbourne and comprising five campuses serving a local community of approximately 728,000 people. The Northern Hospital is located in Epping and houses the main Emergency Department (ED) for the catchment; this ED treats over 85,000 patients each year.

The Problem
A number of redesigns of the ED led to long delays in disposition decisions (admission versus discharge) and increased wait times for patients. As a result there was a run of serious complaints and adverse events, including increased aggression.

While underreporting was an issue, there was still an average of 40 Code Greys called every month in response to aggression by patients and families in the waiting room. Staff morale was reported to be low and there was a significant shortage of nursing staff.

The Solution
A structured redesign process was initiated to consider whether organising patients in streams could remedy the situation

- A team of 26 staff, patients and families was brought together to consider the streaming option. Key business partners from various divisions were also engaged.
- Five workshops were organised, each with redesign support and led by the Program Director.
- A Project Officer was appointed to support the process and communicate with all ED staff in an open and transparent way.
- Executive support for the final proposal was obtained, all ED staff were consulted, and the streaming model was adopted.

The streaming model involves organising patients in streams relevant to the seriousness and nature of their injury. It includes:

- Identifying patient streams at triage, with streams having defined aims and objectives.
- Specific waiting areas for patients, with signs to assist patients and families.
- Having patients wait where they could be cared for, so they can see that staff are busy but know they haven’t been forgotten.
- Coloured curtains and footprints to help patients and families move around the ED.

Outcomes

- Significant decrease in aggression, with both patient experience and access performance having improved.
- Significant improvements in NEAT figures (National Emergency Access Target): non-admitted scores; time to treat; Ambulance Victoria off-stretcher within 40 mins; representations within 48 hours and failed to waits; serious incidents; complaints; and aggressive incidents.
- Overwhelmingly positive response from staff, with improved morale and supportive leadership. Staff feeling empowered and positive about their problem solving skills.

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Peninsula Health: Focusing on violence and aggression in subacute settings

Background
Peninsula Health is the major health care provider serving the metropolitan and regional areas on Victoria’s Mornington Peninsula. Peninsula Health provides a wide range of acute services at both Frankston and Rosebud Hospitals and subacute services at The Mornington Centre and Golf Links Road Rehabilitation Centre.

The Problem
A Code Black response was activated on two separate occasions in the Subacute Service when a male patient, wanting to leave the premises, reacted with high levels of verbal and physical aggression. On both occasions the police responded and safely transported the patient to Frankston Emergency department via ambulance for further acute medical interventions. While no serious injuries were sustained by staff or the patient, the incidents triggered a review process in Subacute Services.

The Solution
The review of Subacute Services identified the need for:
• An examination of the emergency management policy relating to the members of the Emergency Response Team and their duties.
• An evaluation of mechanisms for recording OVA incidents and Code Grey or Code Black data through the Victorian Health Incident Management System (VHIMS).
• The provision of site-specific education through in-service sessions and full-day multi-disciplinary Risk identification, Safety, Containment, Environment (RiSCE) training.

Solutions were generated by RiSCE Coordinators, Subacute Site Managers, Nurse Unit Managers and included staff from all disciplines who were involved in the two incidents. These included:
• Implementation of site-specific Emergency Response Teams.
• Development of assessment and referral pathways for special services to provide support to Subacute Services.
• Continuation of OVA Forums at Subacute sites.
• Locating of RiSCE Coordinators at Subacute sites to assist in building capacity and capability amongst staff.
• A site-specific training plan to educate all staff from all disciplines at Subacute sites that includes:
  • The emergency management policy.
  • The importance of incident reporting.
  • De-escalation skills.
  • Practical safe restraint techniques, including break and escape techniques.
  • Code Grey and Code Black training drills.
  • Aggression management training for all Patient Services Assistants.

Outcomes
The Emergency Management Policy in Subacute sites now includes details of all members who make up the Emergency Response Team on each shift, along with their duties. There are now RiSCE Coordinators at all Subacute sites to provide training to all disciplines, including staff on night duty. There is also site-specific education led by RiSCE Coordinators.

The overall benefits of site-specific RiSCE training will be evaluated once all training is complete.

Next Steps
RiSCE Coordinators will evaluate the training provided to Subacute staff and formulate a plan to conduct two Code Grey response drills at subacute sites on an annual basis to review the effectiveness of the Emergency Response Team. RiSCE Coordinators also plan to deliver annual refresher education sessions on-site for Subacute staff. These will be mandatory for all staff who are part of the Emergency Response Team.

Subacute Services continue to be represented on the Peninsula Health Occupational Violence Steering Committee, chaired by the CEO.

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St Vincent’s Hospital Melbourne: Peer support following a critical incident

Background
St Vincent’s Hospital Melbourne (SVHM) is a tertiary public healthcare service with more than 5,000 staff and 880 beds in daily use across a range of services. It is a part of the national St Vincent’s Health Australia group, a $2 billion not-for-profit organisation and the second largest healthcare provider in Australia.

The Problem
Critical incidents, including those that involve occupational violence and aggression, can be a significant source of stress for staff. During a period of organisational restructure, further complicated by the opening of a new hospital building, an employee satisfaction survey revealed issues of stress and uncertainty among staff. A need for increased staff care as well as debriefing opportunities, especially in critical care, was also highlighted.

The Solution
• To support staff during the time of change, a program of workplace support was sourced and a model of critical incident stress management (CISM) was adopted and tailored to a hospital workforce and setting.
• This led to the establishment of the Support Team Action Response (STAR) Peer Support Program at SVHM. Staffed by around 100 peer volunteers (employees of the hospital), it supports close to 1,000 colleagues per year. The STAR Peer Support Program helps participants cope with stress and anxiety, stay connected with work both physically and emotionally following a stressful event, and makes employees feel valued. It also helps employees find professional assistance if required.
• The STAR Program is administered by the Wellbeing Manager and STAR Coordinator. A 24 hour roster of STAR peers is provided to the hospital switchboard so a STAR peer is always available to staff members.

Outcomes
During 2015-16, an evaluation of the STAR program was undertaken to identify areas of strength and potential improvements. The findings confirmed a number of key benefits of the program:
• Early peer support intervention following a critical incident can be of significant value in helping employees cope, return to work and feel valued.
• Where there is strong social capital, there has been a positive impact on lower rates of emotional exhaustion amongst nurses.
• Peer support reduced work related stress and burnout, and was cost effective.
• Modelling indicated significant cost savings to the organisation.

The number of staff utilising the STAR program continues to rise, contacts have increased, the number of users who found the intervention helpful has also increased, as has the number of staff who say they will consider using STAR in the future.

Next Steps
Following the 2015-16 evaluation, it was recommended that the STAR program continue in its updated form:
• The Hospital Executive Team will continue to support and resource the STAR Program.
• There will be increased recruitment of doctors as STAR peers.
• A budget has been secured to maintain an annual data licence to continue to collect data for evaluation.
• The promotion of the program will be enhanced, with an emphasis on its availability for work and non-work related issues.
• Additional training for one-to-one interactions will be provided to STAR peers and also included in the Peer training program for new recruits.
• STAR program information will be included in student nurse orientation.
• STAR support will target graduate and intern employees from all professional groups transitioning from universities to an acute workplace.
• The program coordinator resource will be monitored to ensure the program is sufficiently maintained.
• The program model will be shared across other divisions of St Vincent’s Health Australia.
• There will be ongoing evaluation of literature and usage to ensure STAR remains relevant to the needs of the workforce.

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Western Health: Caring for patients with behaviours of concern.

Background
Western Health is a large metropolitan health service operating in the western region of Melbourne and serving a population of approximately 800,000 people. It manages three acute public hospitals as well as smaller facilities and community-based services.

The Problem
Western Health identified a need to address the number and severity of aggressive and/or violent incidents on acute medical wards. An analysis of Code Grey incidents was conducted to better understand the problem.

Consultations with staff after Code Grey incidents indicated that nursing interventions for patients with behaviours of concern (such as confusion, anxiety and wandering, which are common in patients with dementia or delirium) could often result in aggressive incidents.

The Solution
To provide a safer work environment for staff and better care for patients that present with behaviours of concern, Western Health trialled a behaviour management model in an acute hospital ward. The model included:

- An environmental review conducted by Alzheimer’s Australia.
- Screening for behaviour/s of concern during the admission process.
- Behaviour management planning within four hours of admission (for patients identified at screening to have behaviours of concern).
- Early engagement of family/carers within the Behaviour Safety and Support Plan.
- Identification stickers for cognition/behaviours of concern.
- Review of incidents as part of the care plan for the patient.
- A diversion/engagement kit for staff to use with patients.
- Tailored local education for nursing staff.
- Focus groups.

Outcomes
The project is currently being evaluated through a quality assurance process that includes the analysis of qualitative data (focus groups, questionnaires) and quantitative data (reporting, clinical incidents) both pre and post study. Initial analysis shows that over the five month trial period:

- Code Grey incidents confirmed a downward trend of 42%. In an effort to identify the overall impact that this intervention has had, this trend data excludes Code Greys from one complex patient, shown in the graph as “MM”. Within approximately two weeks in January 2017, “MM” had more Code Greys than all other patients combined during the five months of the study.
- Reporting of occupational violence and aggression (OVA) incidents increased 100%, suggesting increased awareness among staff of both OVA and the value of reporting OVA incidents. Reporting of incidents related to patient “MM” have been removed from this data to help identify a general trend following implementation of the intervention.

Feedback from the focus group suggested that:
- From the diversion/engagement kits, staff mostly used activities and equipment including the baby doll, folding tea towels, music and colouring activities.
- The model was mainly used with dementia patients, psychiatric patients and with younger and more alert and orientated patients.
- The diversion/engagement kit assisted with “calming down” patients and “not escalating to aggression”.
- “Having an identifier is good”, “we like it”.
- Time and workload were seen as barriers to using the model.

Staff feedback through individual consultations and post-study questionnaires was largely positive. Comments included:
- “I found that using the “about me form” and getting more information from family about the patient’s likes and dislikes was helpful.”
- “New forms, including the screening tool, have helped immensely.”

Next Steps
Evaluation of the study is being completed and once finalised, the study results will be shared with a variety of internal committees and the next steps for this approach will be explored.

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