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Review of the Draft Procedure on Violence and Aggression by Patients, Consumers or Visitors

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations,
- training in health rights and navigating the health system,
- community forums and information sessions about health services, and
- research into consumer experience of human services.

HCCA is a member-based organisation and for this submission we consulted with our Health Policy Advisory Committee and members.

We appreciate that ACT Health has sought consumer input to this procedure. Thank you for this opportunity to put forward consumer views.

Yours sincerely

A handwritten signature in black ink that reads "K Dwan".

Dr Kathryn Dwan
Manager, Research & Policy, HCCA

10 August 2018



**HCCA Submission on
ACT Health's Draft Procedure on
Violence and Aggression by
Patients, Consumers or Visitors**

Submitted 10 August 2018

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General Comments

As the peak, member-based, consumer advocacy organisation in the ACT, the Health Care Consumers Association (HCCA) has a strong interest in the safety of both staff and consumers. We are keen to see that violence and aggression is prevented and minimised across health services.

Our key point to make about this procedure is that we believe that:

Staff who feel safe provide better quality care to consumers

To meet this aim, safety must be reflected in the culture, systems and processes of an organisation.

- At the broader level in ACT Health, we suggest this includes embedding restorative practices within the organisation culture. Restorative practice is an approach to improving and repairing relationships between people and communities. It has been used to transform culture in Mersey Care in the UK, and also across the community in [Whanganui, NZ](#).ⁱ Both places have sought to remove the culture of blame that can undermine safety, and replace it with a compassionate approach that repairs relationships and restores trust.
- At a more specific level, it is important that procedures, policies, communication and equipment supports the principle that staff feel safe in ACT health services. For example, it is important that equipment such as personal duress alarms for staff are kept fully operational with battery life sufficient to last entire shifts. This enables the focus to be on patient care, rather than concern about personal safety.

We know that better quality care provided by health services leads to better outcomes for consumers, so it is in everyone's interest that staff feel safe – that they can focus on providing patient care rather than concerns about their safety.

Specific Issues

Scope and Purpose

The scope of the procedure is applicable to all ACT Health staff. The purpose of the procedure is to provide instructions about organisational risk controls and required processes related to occupational violence and aggression by consumers. It covers risk assessment to minimise the risks of violence and aggression, how to respond to incidents, and how to manage ongoing issues including clinical evaluation, de-escalation, agreements and warnings.

ⁱ We also note that as part of embracing a restorative approach for the wellbeing of patients and staff, Whanganui District Health Board have Maori Patient Navigators who can come alongside consumers to provide help, support and guidance at any time to assist individuals and their families in achieving positive patient outcomes. See more at: <https://wdhb.org.nz/content/page/wdwb-s-maori-health-services/m/2851/>

Consumers have told us that they also see other kinds of violence and aggression incidents in ACT Health services. These are beyond the stated scope of this procedure but include

- consumer-to-consumer aggression and violence, and
- staff to consumer aggression and violence

If these issues are covered in other procedures or policies, then these should be referenced in the 'Related Policies, Procedures, Guidelines and Legislation' section at the end of this procedure.

If they are not covered elsewhere, we highlight the underlying principle (also outlined in the 'Alerts' section on p3 of the procedure) that consumers (and staff) should expect to feel safe when using health services.¹ Wherever information on these other types of violence and aggression are covered, we suggest there needs to be commentary on aspects such as:

- what strategies are in place to prevent incidents,
- if incidents occur, how they need to be managed,
- who is responsible for managing incidents, and
- how those involved can be cared for after an incident occurs.

Our expectation is that this procedure also applies to the University of Canberra Hospital (UCH), although this is not explicit in the document. We suggest that the procedure be reviewed to check for its application to UCH to ensure it is relevant and actionable on that campus too, and that it doesn't need any modifications to apply to that environment.

Prevention

It is always better to prevent incidents of violence and aggression, and the procedure covers risk assessment, risk controls and evaluation of patient aggression. We believe the procedure could be strengthened by clearer referencing some of the evidence base around the prevention of violence and aggression. For instance, the Worksafe Victoria publication on the Prevention and management of violence and aggression in health services² provides some very specific advice on assessing and preventing risk. While this is mentioned in the References (p19), this could be highlighted as some essential reading for any staff member undertaking a risk assessment. We are also aware that the National Institute for Health and Care Excellence also has an online resource available on violence and aggression in health services.³ There will be other research that speaks to specific services and/or environments and the prevention of violence and aggression. Stories we have received from consumers suggest two key ways to address prevention:

- Designing **environments** conducive to non-violence (e.g. comfortable and welcoming spaces, security measures and security staff in place)

- Designing **communication processes** conducive to non-violence (e.g. person-centred care with mutual understanding, clear expectations and reducing frustration)

Staff training and development

The procedure covers some aspects of staff training and development. We believe this could be expanded, as knowledge and practice can help prevent incidents. Training and development could provide opportunities for staff to develop skills in de-escalation techniques, for instance. In addition, staff, particularly managers, need to have the skills to be able to support staff members after a violent and aggressive incident. These skills include debriefing, monitoring and how to help and care for staff if they are not coping after an event has taken place.

Responsibility to care for one another

The original policy states that 'it is the responsibility of staff to ensure personal behaviour does not contribute to violence and aggression'. This statement does not appear in the current draft and we suggest it needs to be included. We believe it is important that everyone – staff as well as consumers – be aware of and take responsibility for actions, which contribute to negative outcome.

As a part of consumers feeling safe while using ACT Health services, we also have a responsibility to manage our behaviour in a way that helps prevent violence and aggression. It is important that the expectations around behaviour from everyone – staff and consumers – is well communicated and understood. This might be done through posters visible throughout the hospital and through other communications. It is important that any communication to consumers recognises the variation in health literacy in the communityⁱⁱ. As such it is important to ensure that communication is developed and implemented in such a way as to meet the needs of consumers and carers.

Concluding remarks

In addition to our comments above, we have attached a copy of the procedure with some specific points from our feedback outlined in track changes.

HCCA looks forward to seeing how our feedback and comments shape ACT's Health's work on this procedure on *Violence and Aggression by Patients, Consumers or Visitors*. Please do not hesitate to contact us if you wish to discuss our submission further. HCCA would be happy to clarify any aspect of our response.

ⁱⁱ HCCA recognises the importance of health literacy and has developed a position statement on the topic, which can be found here: <http://www.hcca.org.au/about-hcca/position-statements.html>

References

- 1 Australian Commission on Safety and Quality in Health Care (2009). Australian Charter of Healthcare Rights. Sydney: Australian Government.
- 2 Worksafe Victoria (2017) Information for employers: Prevention and management of violence and aggression in health services, 2nd Edition.
- 3 <https://pathways.nice.org.uk/pathways/violence-and-aggression#path=view%3A/pathways/violence-and-aggression/violence-and-aggression-overview.xml&content=view-node%3Anodes-general-principles>