

Human Resources: Harm to staff
Proactive Release : 20 July 2018

09 July 2018

Reporter - Stuff
PO Box 1327,
Auckland, 1140

E-mail:

Dear ,

Official Information Act (1982) Request

I write in response to your Official Information Act Request, dated 21 May 2018. You requested the following information:

All reports of a physical attack or altercation against a staff member (either medical or security staff) between January 2017 and May 31 2018: including

- the department the staff member works for, or their role at the hospital
- the ward/ department where the incident took place
- the circumstances of the incident
- injuries received
- outcome of the incident - was this incident referred to police
- did the staff member require hospitalisation; treatment; time off work?

Could you please also advise what the process is in reporting an incident of this nature?

For context, Counties Manukau Health Services provide health services to more than 540,000 people residing in South Auckland, both in hospitals and community settings. Obviously, many of these people requiring our services are acutely unwell and / or in distress when they require this care and that can result in inappropriate behaviours being exhibited, which many of our staff members need to manage and respond to in carrying out their work.

We employ over 7,000 staff, and are constantly working to create a safe work environment for all of them. We are clear that we have zero tolerance for any inappropriate behaviour toward our staff, and encourage the reporting of all such incidents so that they can be fully investigated.

The data source for all patient-related incidents of this nature at CM Health facilities is the electronic Incident Reporting System (IRS). In the system, which is available to all staff there are a mix of set category data points and free-text fields for narrative. Once submitted, the report is automatically sent to the immediate manager and an investigation and appropriate follow-up occurs. The collated data repository is used for reporting and identification of wider issues.

We note that information and data of this nature should be interpreted with caution. Given the differences in DHB incident reporting systems, staff reporting options and the range of incident-type selection categories, and also differences in DHB population size, employee numbers, and services, making comparisons between various DHBs may be misleading.

There are several coding classifications for physical assaults, as “assault – physical”, “behaviour – violent”, or “hit/ bitten/ scratched by person”. We note that the IRS system is intended to enable multiple staff to report on the same incident, with each report counted as a unique file. We use coding themes to guide the allocation of incidents, and while there are ‘nominated’ codes for types of incidents reported, these may not always be consistently interpreted by everyone. The data we are providing is derived from staff self-selection of incident category codes, and may also not reflect a consistent interpretation of severity of incidents.

We have excluded incidents on verbal abuse or threatening behaviour from these totals, but we deem these types of behaviours toward staff to also be unacceptable.

Please refer to **Table 1 (attached)** that provides the number of reported events, with details per month/ year for 2017 and 2018 year-to-date, along with the staff member profession/ role and location or name of clinical service involved in the incident.

We note that these incidents mainly involved staff providing direct care to patients, and in the main involved staff being grabbed, pushed or punched, with aggressive intent. Injuries are most frequently noted to be bruising, scratching and muscle aches, as well as emotional distress. These details are not always noted by staff in the brief incident report descriptions. We do not believe it is appropriate to provide further specific narrative details of each reported incident, as this may potentially enable identification of individuals (both employees, and the patients involved, some of whom may not have been aware of their actions at the time of the incident due to their clinical condition).

Our frontline services do also work closely with NZ Police regarding a variety of issues on DHB premises; however situations are not always recorded as an incident of unacceptable behaviours. It is difficult to provide retrospective data of all the times the NZ Police were called to assist or intervene in any incident from the available data. This is because an incident report is completed immediately, and in some cases the decision to involve NZ Police may be a subsequent one. In the period of this data, there are seventeen incident reports that noted Police involvement during the incident, at times due to the Police being already with a patient when the incident occurred. There are cases where further follow-up will occur also after an incident. If appropriate, we support individuals who need to work with the Police as they pursue investigations.

Different services will have different numbers of these incidents occur, and have different resources available and clinical skill levels to deal with these situations, that can also impact on reporting. We provide all staff with opportunities for professional training to learn risk assessment, de-escalation and effective communication techniques, which is intended to reduce the number of incidents of inappropriate behaviours, and the adverse impacts that can result. We see increases in reporting of incidents as part of wider improvements in acknowledging and dealing with exposure to this type of unacceptable behaviour in the workplace.

We accept that employees across all our services do at times experience and tell us of incidents of inappropriate behaviour by patients towards them. We actively encourage staff to report all types of

incidents that occur, and to seek support in dealing with these, both at the time and if they feel this is affecting them subsequently.

Irrespective, every incident that is reported is automatically notified to the appropriate manager for investigation and follow-up. Employees will be offered further support and any other health care if appropriate, including medical attention, counselling and access to the funded Employee Assistance Programme (EAP).

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'G. Johnson', with a long, sweeping horizontal flourish extending to the right.

Gloria Johnson
Chief Executive (Acting)