

14<sup>th</sup> February 2022

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### **Official Information Act Request for – Violence & Aggression**

I write in response to your Official Information Act request received by us 7th December 2021, you requested the following information:

**Please supply the following information under the Official Information Act (OIA):**

- 1. The number of incidents related to nurses, midwives and health care assistants being abused, harassed or physically assaulted/ attacked at their workplace since 1 Jan 2017 to date, broken down by location and calendar year.**
- 2. Brief description of the incidents and what the incidents related to e.g. verbal abuse, physical assault, sexual assault, physical threat or otherwise**
- 3. How many ‘code orange’\* events that occurred? Brief description of the events**
- 4. Where did the incidents happen? e.g. the emergency department, mental health/addictions, obstetrics?**
- 5. How many incidents were notified to WorkSafe?**
- 6. How many incidents required police interventions e.g. Police report, statements from DHB employees?**
- 7. How many incidents required an ACC claim?**
- 8. How many incidents resulted in working days lost? And if so, how many?**
- 9. How many ‘code orange’\* events that occurred? Brief description of the events**

### **Counties Manukau Health Response:**

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

We employ around 8,500 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 information we have provided in response to your questions is retrieved from our electronic Incident Reporting System (SafetyFirst). However, there are limitations in the ability to extract concise details for the information you are requesting. The SafetyFirst reporting system is intended to enable staff to report on any incident in their workplace, and to have these investigated and resolved. This can mean there can be issues with data 'uniformity' and interpretation, and we cannot always directly extract the information across all incidents logged.

Each incident is counted as a unique file, and we use categories to guide the allocation of incidents, along with narrative text that provides extended details however as mentioned above, this is not as easily reported on. While there are classifications for types of incidents reported (e.g. detailing a Specific Incident Type), these may not always be consistently interpreted by everyone.

Different services will have different numbers of 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 have implemented a range of service-specific initiatives in clinical areas of greatest need, including the Emergency Department, Mental Health, and with our security and orderly staff, to further enhance their ability to report, debrief and prevent issues of violence against staff and/or patients. These initiatives include use of CCTV, personal alarms, input from specialist staff, and enhanced training. In addition, we have used social media and other messaging with our wider Counties community about living our CM Health values, and treating others with respect.

We note that this incident report system information should be interpreted with caution. Given the human factor element to logging an incident, differences in reporting systems, and DHB sizes and services, comparisons between DHBs may also be misleading.

**1. The number of incidents related to nurses, midwives and health care assistants being abused, harassed or physically assaulted/ attacked at their workplace since 1 Jan 2017 to date, broken down by location and calendar year.**

The data provided in the below table reflects reports logged by nurses, midwives and health care assistants (including bureau staff) with the coding of assault or behaviour as the *Specific Incident Type* in the SafetyFirst system.

In addition to the limitations previously mentioned, it is important to note when interpreting this data that incidents may be reported by more than one staff member from different perspectives, for different reasons or for the patient e.g. a patient who may have assaulted a staff member may have been witnessed by another staff member and an additional incident form may have been completed.

Specific Incident Type	2017	2018	2019	2020*	2021*	Total
Assault – Physical	93	81	104	104	119	501
Assault – Sexual	3	4	1	5	5	18
Assault – Verbal/Gesture	21	19	12	33	22	107
Behaviour – Aggressive/Threatening	40	50	47	50	68	255
Behaviour – Harassment	1	7	5	9	4	26

Behaviour – Inappropriate	7	16	30	37	39	129
Behaviour – Violent	4	7	12	1	-	24
Hit/bitten/scratched by person unintentionally	26	23	25	18	17	109
	195	207	236	257	274	1169

Data sourced: Feedback Central

\*NB: Managed Isolation Quarantine Facilities included in 2020 & 2021

As of 2018, the CM Health Emergency Department developed a different reporting system (Code Orange) for the logging of violent incidents against staff. The intention of Code Orange is to provide Emergency Department staff with easy means to report all incidents, provide early clinical and de-escalation assistance and ensure staff wellbeing.

Situations that may require a Code Orange call in the Emergency Department have slightly different criteria from the SafetyFirst incident reporting system (and a wider classification), being:

- Intimidating or manipulative behaviour from patient, whaanau or visitor
- Aggressive/intoxicated or suicidal patient/visitor
- Event or behaviour in which staff member feel uncomfortable or compromised
- Unwelcome visitor
- Patients, whaanau or visitors refusing to be sensitive to, or respect the rights of others to privacy
- Extremely stressed patient, whaanau or visitors

Emergency Department Code Orange	2018	2019	2020	2021	Total
Reports	52	231	136	80	499

**2. Brief description of the incidents and what the incidents related to e.g. verbal abuse, physical assault, sexual assault, physical threat or otherwise**

In our response to question one we have broken the categorised reports by their logged specific incident type e.g. assault – physical, behaviour – aggressive/threatening. 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).

In addition, to break this down any further or provide brief descriptions of each incident as this would involve considerable time to manually search through individual patient records and as mentioned above this information contains sensitive information potentially relating to patients. Due to this, frontline clinical staff would need to review individual incident files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to decline this element of your request under both section 18(f) of the Official Information Act 1982 due to substantial collation and research and section 9(2)(a) of the Official Information act 1982 to protect the privacy of the natural persons.

**3. How many ‘code orange’\* events that occurred? Brief description of the events**

Please see the response to questions one and two above where we have detailed this. In relation to a brief description of the events, the way that Code Orange is reported is by free text field, the

same sections under the act apply in relation to, the privacy of individuals and the substantial collation and research this would require to provide this information.

**4. Where did the incidents happen? e.g. the emergency department, mental health/addictions, obstetrics?**

The information in the table below reflects reports coded under the 'Department/Unit/Ward' field when filling in the form in Safety First. As mentioned above, the reporting system is intended to enable staff to report incidents in the workplace and to have these investigated and resolved. It is important to note that this data is unreliable due to interpretation by staff members, i.e some staff members report the department they work in, in this field and some report where the alleged incident occurred.

Divisions	Coded Division
Adult Rehabilitation & Health of Older People (including Auckland Spinal Unit, Pukekohe Rehabilitation Unit, Stroke, Wards, Community Stroke)	119
Car Park	2
Critical Care Complex	28
Emergency Department	154*
Kidz First, Neonatal Unit & Child, Youth & Maternity, Public Health	22
Localities (including Franklin Memorial Hospital)	16
Managed Isolation & Quarantine Facilities	17
Medicine (including Wards, Renal and Cardiology)	146
Mental Health & Addictions (including inpatients, Tiaho Mai & all Community)	452
Middlemore Central (including Bureau, Duty Managers and Telephone Exchange)	21
MSC (including Wards, Clinics and Renal MSC)	32
Pacific Health	1
Radiology	4
Surgical, Anaesthesia & Perioperative Services (including National Burns, Theatre, Wards)	81
Women's Health (including Birthing & Assessment, Community Midwifery, Maternity Wards & Satellite Sites)	74
	<b>1169</b>

\*this does not include Code Orange

**5. How many incidents were notified to WorkSafe?**

Between 2017 and 2021, four incidents were notified to WorkSafe.

**6. How many incidents required police interventions e.g. Police report, statements from DHB employees?**

This is not information we hold.

**7. How many incidents required an ACC claim?**

Between 2017 and 2021, eighty-one (81) incidents required an ACC claim.

**8. How many incidents resulted in working days lost? And if so, how many?**

The Occupational Health and Safety Service centrally holds data related to *Assault while patient handling*. From 2017 to 2021, 1442.219 working days were lost by 39 staff members (Nurses, Midwives and Health Care Assistants) following incidents of this categorisation.

**9. How many 'code orange'\* events that occurred? Brief description of the events**

Duplicate question, please see question 3 above where this has been answered.

We accept that employees across all our services do at times experience and tell us of incidents of inappropriate behaviour by patients and/or visitors 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) if required.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



**Dr Peter Watson**  
**Acting Chief Executive Officer**  
**Counties Manukau Health**