IMPLEMENTATION WORKBOOK

REDUCING TRAUMA AMONG PSYCHIATRIC WORKERS

A step-by-step guide for assessing, implementing and evaluating trauma-prevention strategies in mental health care.

Waypoint
CENTRE *for* MENTAL HEALTH CARE
CENTRE *de* SOINS *de* SANTÉ MENTALE

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Table of Contents

How to Use This Workbook

This is where you write. The Manual explains the approach and works one objective through from beginning to end; this Workbook is where you plan for your own organization.

What you will find for each objective

Every objective is set out in the same four steps. At each step you get two tables:

A suggested table, already filled in with activities drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Treat it as a starting point, not a prescription.

A blank table, for your own plan. You may use the suggested activities, adapt them, or replace them entirely; checking the evidence base for anything you add.

Start where it matters most

You do not need to work through the objectives in the order they appear. Begin with the one most relevant to your organization's current needs, and come back to the others as capacity allows. Most organizations will not work on all eleven at once.

If you need more detail

Each step opens with a short prompt telling you what to do. If you want the fuller explanation, e.g. why the step matters, what the evidence says, what other hospitals have tried, the Manual covers it under the same objective and step name. The next page summarizes the whole method on a single page.

Tools at the back

Three tools are provided for you to complete: a cause-and-effect diagram for working out what is driving a problem, a Plan-Do-Study-Act cycle for testing a change before wider rollout, and the Organizational Trauma-Informed Practices Measure.

The Four-Step Method at a Glance

Every objective in this Workbook follows these four steps. Keep this page to hand.

Step	What you do	What you end up with
Step 1 Assess and Identify Gaps	Rate the distance between the SMART goal and your current practice, from 0 to 2. Note the specific gaps.	A rated gap analysis showing where to focus.
Step 2 Plan and Improve	For the gaps you rated 1 or 2, decide what will be done, by whom, how much, how often, and by when.	An operational plan.
Step 3 Implement	Set out how each planned activity moves into practice across the three stages: Installation, Initial Implementation, Full Implementation.	An implementation plan.
Step 4 Monitor and Evaluate	Decide what you will measure, where the data comes from, and how often you will review it.	A measurement plan.

The 0 to 2 rating scale, used at every Step 1

0 No gaps; goal achieved	1 Minor gaps: in progress but review or more work needed	2 Major gaps: goal not in sight

A SMART goal is Specific, Measurable, Assignable, Realistic, and Time-related (Doran, 1981). Use the Notes space to record where performance is lacking, and where you still need to find out more.

The four kinds of measure, used at every Step 4

Outcome The impact on patients - the ultimate aim	Process Whether the change is being delivered as intended	Structural Whether the foundations are in place to support it	Balancing Whether it is causing problems elsewhere

This is a cycle, not a linear process.

As changes take effect, return to Step 1, reassess the objective, and choose what to work on next. An objective rated 2 today may be rated 1 in six months, and a different objective may become the priority.

Priority 1 - Engage in primary prevention to reduce staff exposure to critical events

Objective 1: Standardize individual-level risk management

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months,[lead] will review the evidence for validated individual-level risk assessment tools, select one appropriate to our patient population and setting, and embed it in the admission workflow - with the evidence reviewed annually thereafter.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Review evidence and current practices for individual-level risk assessment								
Review evidence on validated risk assessment tools for your setting								
Survey staff on their perception of current violence screening tools								
Align tools and policies with accreditation standards								
Sub-goal 2: Select standardized tools								
Determine risk screening process and time points								

Embed admission screening tools and risk documentation in care plans								
Sub-goal 3: Strengthen communication and documentation processes								
Create risk communication plan								
Determine process for regularly reviewing risk scores								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Pilot evidence-based violence risk assessment tools in one or two units							
Gather feedback from staff who used the updated violence screening tool							
Use PDSA (Plan, Do, Study, Act) to assess the pilot and improve implementation							
Initial Implementation							
Deliver staff training on screening, documenting, and incident reporting							
Full Implementation							

Embed the validated violence prevention screening tool							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Number of workplace violence incidents reported by hospital workers within a 12-month period						
Rates of injuries due to workplace violence reported to your provincial workers' compensation board						
Percentage of Code Whites involving physical force toward healthcare professionals within the past calendar year						
Process measures - the activities you are doing to achieve your desired outcomes						
Number of completed violence risk screening tools						

Staff awareness and relevance ratings on a 10-point scale						
Percentage of eligible staff who received the updated violence reduction training						
Structural measures - organizational foundations that support practice						
Percentage of staff aware of changes that have taken place						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Staff time required to complete screening or documentation						
Delays in care because of added risk procedures						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 2: Establish infrastructure for trauma prevention

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will establish a quarterly review of incidents, injury, worker's compensation, and staff feedback data, and use it to produce at least two data-informed prevention strategies each year.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Identify key metrics and baseline measures								
Conduct an organizational assessment of violence prevention practices *								
Conduct staff surveys and interviews to assess workplace trauma exposure								
Analyze incident reports, workers' compensation claims, and staff injury data								
Create data-informed prevention strategies based on incident								

reports and staff survey								
Sub-goal 2: Conduct root cause analysis								
Conduct root cause analysis for each critical incident to learn the reason behind patient aggression, and address points of weakness **								

** The Organizational Trauma-Informed Practices Measure is provided at the back of this Workbook.* *** A blank cause-and-effect diagram is provided at the back of this Workbook.*

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Begin rolling out data-informed prevention strategies on the selected units. Share the strategies with clinical leaders and frontline staff and explain how they will be used in daily practice.							
Initial Implementation							
Start completing root cause analyses after critical incidents using the agreed review process and documentation template.							
Use root cause analysis findings to make changes							

after incidents, such as environmental supports or clarifying staff roles during response.							
Full Implementation							
Embed the prevention strategies and root cause analysis process into regular workflow by including them in post-incident follow-up, leadership reviews, policy updates, and ongoing monitoring.							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Number of workplace violence incidents reported by hospital workers within a 12-month period (Health Quality Ontario, 2019)						
Process measures - the activities you are doing to achieve your desired outcomes						
Percentage of data sources reviewed, such as incident reports, workers' compensation claims, staff injury data and staff surveys						
Number of data-informed strategies developed based on incident trends and staff feedback						
Structural measures - organizational foundations that support practice						

Number of designated staff or leads responsible for trauma prevention						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Average time spent completing reporting, follow-up, training, or support activities						
Number or percentage of staff reporting discomfort or stigma related to seeking support						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 3: Engage patients and families

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will define when and how patients and families are involved in risk assessment and safety planning, and record that involvement in [target]% of care plans*.		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Assess current patient and family engagement practices								
Assess how patients and families are currently engaged in care at your organization								
Administer patient and family surveys to learn about their healthcare experiences *								
Compare current practice with best practice and standards								
Identify and categorize barriers and facilitators to patient and family engagement								

Set clear expectations of best practice and standards for patient and family engagement								
Sub-goal 2: Establish a patient and family advisory team								
Define the purpose of the patient and family advisory team								
Identify staff , stakeholders, and leaders needed to support the advisory team								
Set up rules and guidelines on where and how to find members								
Set up meeting logistics, such as meeting timing, frequency, location, and refreshments								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Launch the patient and family survey to document patient triggers, calming strategies, and support needs in care planning							
Start a process for setting patient and family engagement expectations at admission and screening							
Initial Implementation							
Provide updated training to staff on patient- and family-centred engagement practices, guided by patient and family feedback							
Full Implementation							

Embed patient preferences, triggers, and family involvement into care plans and EMR workflows							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Percentage of patients who reported that their primary care provider always or often involved them as much as they wanted in decisions about their care and treatment (Health Care Experience Survey, 2024)						
Percentage of survey respondents who would recommend this hospital to family and friends (Canadian Patient Experiences Survey - Inpatient Care, 2018)						
Patient Activation Measure (NHS England, 2018) *						
Process measures - the activities you are doing to achieve your desired outcomes						

Percentage of patients with a care plan or updated care plan following a Code White incident within the past calendar year (Sethi et al., 2024)						
Percentage of admissions where engagement expectations were discussed with patients and families						
Number of patient and family advisory activities						
Number of staff trained in patient- and family-centred engagement						
Structural measures - organizational foundations that support practice						
Percentage of staff aware of changes that have taken place (Lyver et al., 2024)						
Availability of culturally appropriate supports						

Availability of EMR fields for documenting patient and family input						
Presence of a patient and family advisory committee						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Percentage of staff who report that engaging patients and families in violence prevention planning adds to their workload burden						

** The Patient Activation Measure guide is listed in Appendix A of the Manual.*

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 4: Optimize the physical environment

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 18 months, [lead] will complete an environmental safety review of every inpatient unit against evidence-based standards for design, sightlines, signage, security, and flow, and address all hazards rated high priority.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Assess environmental safety needs								
Review current safety procedures and the physical environment of each unit or facility								
Gather staff and patient feedback on environmental safety								
Review incident data to identify patterns, risks, and gaps								
Sub-goal 2: Plan physical environment improvements								
Identify priority environmental changes based on audit findings, feedback, and incident data								

Identify the teams and departments needed to support environmental changes								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Pilot targeted physical environment improvements, including nursing station redesign, in selected areas before broader rollout							
Understand staff perspectives and their confidence in violence prevention based on the updated physical environment							
Initial Implementation							
Train clinical and security staff on environmental safety procedures, including safe use of space, exits, alarms,							

communication tools, and site-specific risks							
Full Implementation							
Integrate assessment of layout, signage, sightlines, and de-escalation spaces into routine improvement processes							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Staff-reported perceptions of safety in the care environment						
Percentage of incidents linked to environmental factors						
Process measures - the activities you are doing to achieve your desired outcomes						
Percentage of units that completed environmental safety reviews						
Number of identified environmental hazards addressed						
Structural measures - organizational foundations that support practice						
Availability of signage, alarms, and security features in care areas						

Unit layouts that support visibility, safe exits, and staff access to assistance						
Percentage of staff aware of changes that have taken place (Lyver et al., 2024)						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Impact of environmental changes on workflow efficiency						
Increase in maintenance to new safety features						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 5: Embed violence prevention in policies and procedures

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will review all policies and procedures relating to violence prevention, revise those that do not align with evidence-based practice, and publish the current versions in a single location - repeating the review annually.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Review current policy content								
Identify all current policies and procedures, and use the policy survey to assess gaps								
Identify priority areas where violence prevention needs to be embedded								
Sub-goal 2: Standardize violence prevention language and response processes								
Standardize violence prevention language, expectations, and response processes across policies and procedures								
Sub-goal 3: Policy version control and accessibility								

Keep all policies, procedures, and training in one single platform to avoid duplication								
Assign a most responsible person (MRP) for maintaining the policies and ensuring all departments have updated versions								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Roll out updated violence prevention policies across relevant departments							
Initial Implementation							
Communicate policy changes to targeted staff groups							
Full Implementation							
Integrate revised policy into orientation, mandatory training, and post-incident follow-up processes							

Ensure updated policies and tools are available on a single platform							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Percentage of staff aware of violence prevention policies across the organization						
Percentage of staff who believe current violence prevention policies are adequate (Lyver et al., 2024)						
Process measures - the activities you are doing to achieve your desired outcomes						
Percentage of incidents managed with the updated policy						
Percentage of staff who completed education on updated policies						
Structural measures - organizational foundations that support practice						
Availability of a centralized platform						

for policies and procedures						
Percentage of staff aware of changes that have taken place (Lyver et al., 2024)						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Confusion caused by policy changes						
Workflow inefficiencies associated with policy changes						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Priority 2: Increase staff's ability to prevent and safely respond to critical events

Objective 1: Provide comprehensive, skills-based safety training

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 18 months, [lead] will select or adapt a violence prevention training program with demonstrated effectiveness for de-escalation, and deliver it to [target]% of eligible staff, with refresher training scheduled annually.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Assess current training status								
Conduct staff focus groups and interviews assessing confidence in de-escalation, ability to recognize early warning signs of violence, and which parts of current training are useful or unclear								
Gather patient feedback on staff responses and communication								
List all existing mandatory and optional training within the unit								

Review current training content, format, frequency, and accessibility								
Compare existing training with staff interviews and identify gaps								
Map training against required skills								
Sub-goal 2: Define training objectives and competencies								
Implement violence prevention training that prioritizes prevention and de-escalation skills, while also preparing staff to safely use restrictive interventions when necessary								
Co-develop or adapt training content and delivery methods with								

staff and patient partners								
Incorporate staff lived experience and patient perspectives into training								
Develop interactive materials, such as role-play exercises, mock Code Whites, and simulation activities, to help staff apply violence prevention training in practice								
Consider which training is best delivered by eLearning and which is most effective in person								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Identify staff groups or units requiring updated training							
Pilot updated training in one unit and evaluate its effect							
Initial Implementation							
Deliver training across units							
Work with staff to check their availability and block time for ongoing training							
Full Implementation							
Integrate training into onboarding, mandatory							

training, and post-incident learning processes							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Percentage of staff who report feeling confident in recognizing and responding to escalating situations						
Process measures - the activities you are doing to achieve your desired outcomes						
Number of updated training modules or courses						
Percentage of eligible staff who completed required training						
Number of mock codes, and percentage of workers who participated (Lyver et al., 2024)						
Percentage of staff involved in incidents						

who had received the training						
Structural measures - organizational foundations that support practice						
Percentage of newly hired healthcare professionals who completed updated training within 90 days of onboarding (Sethi et al., 2024)						
Percentage of workers who completed annual Code White training (Lyver et al., 2024)						
Percentage of workers who completed refresher training (Lyver et al., 2024)						
Staff perception of Code White training (Lyver et al., 2024)						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Staff work time taken away to complete training						
Training fatigue						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Training evaluation plan

Unique to this objective. The five steps below can be used to evaluate how training affects staff knowledge, confidence, skills, and day-to-day practice, as well as broader changes at the facility level.

Steps for training evaluation	Resources	Person(s) responsible	Completion date	Main findings	Future actions
Determine the evaluation purpose (Centers for Disease Control and Prevention. , 2026)					
Address situational factors (I-TECH, n.d.)	Situational-Factors-Worksheet.docx (TEFT, n.d.)				
Identify the anticipated training outcomes (I-TECH, n.d.)	Five levels of Professional Development Evaluation (Wingate, n.d.)				
Define evaluation questions, objectives, and indicators (I-TECH, n.d.)	Evaluation Questions Checklist for Program Evaluation (Wingate & Schroeter, 2016) Recommended Training Effectiveness Questions For Postcourse Evaluations User Guide (CDC, 2019) Training Effectiveness Predictors (Centers for Disease Control and Prevention. (n.d.).)				
Choose evaluation design and methods (I-TECH, n.d.)	Evaluation-Design-and-Methods.pdf (TEFT, n.d.)				

Plan the evaluation (I-TECH, n.d.)	Outcome-Evaluation-Planning-Template.docx (TEFT, n.d.)				

Table adapted from resources developed by the Centers for Disease Control and Prevention (CDC) and the International Training and Education Center for Health (I-TECH) (CDC, 2026; I-TECH, n.d.).

Objective 2: Develop team-based response procedures

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will define who leads, supports, communicates, and documents during a critical incident, train all responding staff in those roles, and confirm by survey that [target]% of staff can describe their own role - reviewed annually.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Assess current team response practices								
Determine the number of staff and types of roles required to support a critical event								
Assess the number of responding staff currently employed in your unit								
Review how staff currently respond to escalating situations across roles and units								
Review debriefing notes and data to identify common								

breakdowns in team response								
Sub-goal 2: Define team roles and response expectations								
Work with Human Resources to identify staff who can be redeployed to support a critical incident								
Complete a skills assessment of the staff who will support the critical incident team								
Define who leads, who supports, who communicates, and who documents during incidents								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Roll out the team process checklist across units							
Assess team-based response by running mock Code White scenarios, looking for strengths and weaknesses							
Initial Implementation							
Train staff on communication, the team process checklist, and response during a Code White							
Full Implementation							
Embed the team process checklist into the EMR							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Percentage of staff who understand their roles on the team during incidents						
Process measures - the activities you are doing to achieve your desired outcomes						
Number of units with defined team roles and response expectations						
Percentage of incidents with documented role assignment and team response procedures						
Structural measures - organizational foundations that support practice						
Percentage of staff who can be redeployed to support critical incidents						
Balancing measures - used to assess unintended consequences elsewhere in the system						

Time required to mobilize responding staff						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 3: Practice and maintain competencies

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will schedule protected time for unit teams to practise safe physical intervention techniques at monthly intervals and whenever a new team member joins, and record participation for every unit.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Define core competencies								
Assess the number of staff currently employed in your unit								
Administer a staff survey and questionnaire to assess differences in how staff respond to critical incidents across roles and levels of experience								
Administer a staff competency assessment								
Assess which practices should be standardized and which may								

vary by role or setting								
Sub-goal 2: Role clarity and scope of practice								
Clarify role responsibilities for staff during assessment and response								
Define how staff should work within scope while supporting team response during an incident								
Sub-goal 3: Improve reporting								
Assess staff understanding of when and how to report incidents and near misses								
Assess barriers to reporting, including confusion about the reporting system								

Clarify expectations for reporting and follow-up								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Update staff roles, responsibilities, and expectations							
Notify staff of any changes in role and responsibility							
Initial Implementation							
Train relevant staff on updated responsibilities and expectations							
Train staff on the proper way to report incidents and near misses							
Full Implementation							
Build role expectations into handover, team coordination,							

reporting, and response							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Consistency of staff response across roles and shifts						
Number of unreported assaults upon staff, according to staff survey (Lyver et al., 2024)						
Process measures - the activities you are doing to achieve your desired outcomes						
Percentage of units with clear role expectations and responsibilities in place						
Number of complete reports made by staff after a critical event or near miss						
Structural measures - organizational foundations that support practice						
Availability of protected staff time						

to participate in competency-based training and refresher activities.						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Impact on staffing coverage or workflow						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Priority 3: Improve organizational culture to create a psychologically healthy workplace emphasizing trauma prevention

Objective 1: Strengthen leadership communication and trust with staff

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will establish quarterly in-person meetings between senior leadership and frontline staff on every inpatient unit, and measure staff-reported leadership communication and trust annually against a baseline taken this year.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Assess leadership competencies								
Assess leadership competencies and communication gaps								
Understand staff experience with leadership								
Track manager response to risks, follow-up to incidents, and post-incident engagement with staff								
Sub-goal 2: Build leadership-employee relationships								
Establish face-to-face connection between leadership and frontline staff								

Sub-goal 3: Establish leadership-employee feedback loops								
Leadership to follow up root cause analysis of incidents								
Formal feedback loops between occupational health and safety committees and senior management								
Sub-goal 4: Strengthen leadership training in psychological safety								
Train leaders in psychological safety to recognize signs of trauma-related distress, so that they can assist staff in seeking the resources they require								
Sub-goal 4: Update supervisor competency indicators								

Update supervisor competency indicators to include skills for building employer-employee relationships and providing support after critical incidents								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Use the revised leadership practices during real incidents and staff follow-up situations, and address barriers							
Schedule regular leadership presence on units, such as leadership rounds and face-to-face check-ins							
Initial Implementation							
Provide clinical leaders with annual training in risk mitigation, incident response, and providing staff with support and follow-up							
Full Implementation							

Begin applying updated leadership competency indicators in practice							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Improvement in staff survey scores related to leadership communication and trust						
Process measures - the activities you are doing to achieve your desired outcomes						
Percentage of incidents with documented manager follow-up						
Number of face-to-face leadership engagement activities with frontline staff						
Percentage of leaders completing psychological safety training by the required date						
Percentage of occupational health and safety concerns						

reviewed with senior management						
Structural measures - organizational foundations that support practice						
Percentage of leadership who have the capacity to support and participate in engagement activities						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Percentage of delayed or incomplete follow-ups due to competing leadership demands						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 2: Conduct post-incident debriefing and learning

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will implement an evidence-based debriefing process defining when debriefing occurs, who facilitates and who attends, and complete a documented debrief after [target]% of Code White incidents.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Define debriefing								
Review current debriefing processes and assess what needs to be added or changed								
Conduct staff meetings, surveys, or interviews to assess staff needs and expectations								
Identify when group debriefing should occur and when one-to-one support should be offered to staff								
Sub-goal 2: Develop a debriefing process								

Develop a shared definition of debriefing for the organization								
Design a formal and inclusive debriefing process based on staff needs and current gaps								
Clarify who should attend, who should facilitate, and how to support participation								
Develop tools and a guide to support consistent debriefing practice								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Launch the debriefing process across units and communicate expectations for its use after incidents							
Record lessons learned and action items, and direct them to the appropriate teams for follow-up							
Initial Implementation							
Provide updated debriefing training to leaders and debrief facilitators							
Full Implementation							
Dedicate a regulated mental health							

professional to debriefing facilitation							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Percentage of Code Whites with a documented debrief within the past calendar year						
Process measures - the activities you are doing to achieve your desired outcomes						
Number of facilitators identified or assigned to support debriefing						
Number of debriefing tools or guides used in practice						
Structural measures - organizational foundations that support practice						
Proportion of clinical leaders trained in evidence-based debriefing methods						
Utilization of the peer support team						

Balancing measures - used to assess unintended consequences elsewhere in the system						
Time required to organize and complete debriefing						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Objective 3: Improve access to timely and appropriate psychological support for staff after critical incidents

Step 1: Assess and Identify Gaps

Rate each goal from 0 to 2, then note the specific gaps. See the reference card on page 3.

Suggested goal

SMART goal: *Within 12 months, [lead] will establish a referral pathway to psychological support for staff involved in critical incidents, with a defined maximum time from incident to first contact, and confirm that every affected staff member is offered follow-up.*		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Suggested SMART goal for this objective. Rate it against your own current practice, or replace it with a goal of your own.

Your goals

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

SMART goal:		
0	**1**	**2**
No gaps; goal achieved	Minor gaps: in progress but review or more work needed	Major gaps: goal not in sight
Notes:		

Two blank tables are provided. Add more if your organization has further goals for this objective.

Step 2: Plan and Improve

For each gap you rated 1 or 2, complete an operational plan below.

Suggested activities

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1: Assess current psychological support								
Review internal supports, benefits, and referral pathways related to staff mental health								
Conduct a needs assessment to identify gaps between staff expectations and current practice								
Sub-goal 2: Improve psychological safety								
Connect staff with trained peers for support after critical incidents or workplace stress								

Create clear pathways to connect staff with occupational health, the Employee Assistance Program (EAP), counselling, or other support								
Ensure affected staff receive timely check-ins and access to ongoing support after incidents								
Hold regular team huddles after an incident								
Establish a process for ongoing follow-up and support after the initial event, through union and occupational health services								

Activities are drawn from our focus groups, knowledge exchange events, and interest-holder consultations. Complete the remaining columns for your organization. Tools and resources for this objective are listed in Appendix A of the Manual.

Your plan

Activity	Definition	Actor	Action	Dose	Frequency	Expected outcome	Resources needed	Timeline
Sub-goal 1:								
Sub-goal 2:								

Table adapted from the Practicing Knowledge Translation Workbook, St. Michael's Unity Health Toronto.

Step 3: Implement

Set out how each planned activity will be put into practice, stage by stage.

Suggested activities

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Assign leaders or managers to conduct follow-ups and debriefings with staff after incidents							
Identify which incidents should trigger immediate support, follow-up, and referral							
Start post-incident team huddles in selected units after identified events							
Initial Implementation							
Train managers, team leads, and other designated staff on their roles							

in post-incident support							
Assist and inform staff on accessing available psychological supports and referral pathways							
Full Implementation							
Integrate national standards for psychological health and safety into the organization's human resources strategy							

A blank Plan-Do-Study-Act cycle is provided at the back of this Workbook.

Your plan

Implementation goal	Strategies	Person(s) responsible	Unit or service area & target groups	Supports needed	Anticipated adaptive challenges	Timeline	Progress measures & data sources
Installation							
Initial Implementation							
Full Implementation							

Table adapted from the Implementation Plan Template and Examples, Collaborative for Implementation Practice.

Step 4: Monitor and Evaluate

Decide what you will measure, where the data comes from, and how often you will review it.

Suggested measures

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures - the main outcomes to improve						
Percentage of healthcare professionals involved in a workplace violence incident who reported physical injury within the past calendar year (Sethi et al., 2024)						
Median number of days taken off work, such as sick days or missed days, by a healthcare professional following a workplace violence incident within the past calendar year (Sethi et al., 2024)						
Process measures - the activities you are doing to achieve your desired outcomes						
Number of staff who received follow-up after the initial event						

Number of staff connected to occupational health or union support services						
Number of staff referred to internal or external psychological supports						
Structural measures - organizational foundations that support practice						
Availability of a process for follow-up through union and occupational health services						
Balancing measures - used to assess unintended consequences elsewhere in the system						
Time required to activate supports and complete follow-up						

Sethi et al. (2024) provide a list of evidence-based indicators that can be referred to when choosing measures.

Your plan

Operational definition	Data sources & collection methods	Person(s) responsible	Baseline data (if applicable)	Target/expected change	Review frequency	Post-implementation data
Outcome measures						
Process measures						
Structural measures						
Balancing measures						

Table adapted from Healthcare Excellence Canada and Health Quality BC.

Tools

Tool 1: PDSA cycle

Plan, Do, Study, Act (PDSA) cycles turn knowledge into action and drive continuous improvement. The PDSA cycle follows a four-stage process: **Plan** involves developing a change idea for improvement; **Do** involves testing the change; **Study** involves examining the results and determining whether the change was successful; and **Act** involves identifying adaptations and next steps to inform the next cycle. The worksheet is adapted from Moen, n.d..

Team: _____ Project: _____

Date of test: _____ Cycle number: _____

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Questions and Predictions

Who, what, where, when

Plan to carry out data collection

Implement the plan. What were the observations?

Were there any documented problems or unexpected observations?

Complete the analysis of the data. Summarize what was learned

Compare data to predictions

What changes are to be made to the project (Adopt, Adapt or Abandon)?

Next Cycle?

Tool 2: The Organizational Trauma‑Informed Practices Measure (O‑TIPs)

This tool provides a self-administered staff survey to assess the extent to which an organization uses trauma-informed practices. It can be completed before, during, and after implementation to assess change over time. Organizations may choose to complete specific sections that are most relevant to their context. Table adapted from Manian et al., 2021.

I. Supporting staff development					
A. Training and education	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
1) I have received training and education on the following topis					
a). What is toxic stress					
b). How toxic stress affects the brain and body					
c). Generational impact of toxic stress and trauma					
d). What are trauma-informed practices					
e). How working with people that have past or current experiences of toxic stress can affect the staff					
f). Specific strategies and responses that are helpful when the consumer is feeling upset or overwhelmed					
2) Questions about your knowledge, awareness, and understanding:					
a). I understand how toxic stress affects the brain and body					
b). I understand how trauma can affect brain development and functioning such as memory, attention, and perception					
c). I understand the importance of self-care for the workplace					

d). I can explain to others the principles of trauma-informed care					
e). I know about the Adverse Childhood Experiences (ACEs) study conducted by Kaiser Permanente and the CDC					
f). I understand the generational impacts of trauma					
B. Staff supervision, support, and self-care					
3) My organization has supervisors who are trained in trauma-informed practices					
4) Topics related to self-care are addressed in team meetings or during supervision (e.g., vicarious trauma, burn-out, stress-reducing strategies)					
5) Direct service staff have adequate resources for self-care, including supervision, consultation, and/or peer support					
6) My organization helps staff members debrief after negative situations					
7) My organization provides opportunities for staff input into practices and policies					

II. Creating a safe and supportive environment					
A. Establishing a safe physical environment	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
8). My organization provides consumers with opportunities to make suggestions about ways to improve/change the physical space					
9) My organization provides staff with opportunities to make					

suggestions about ways to improve/change the physical space					
10) My organization has conducted a review of physical spaces (external environment, exits and entrances, waiting room, offices, halls, lighting, restrooms, etc.) for safety concerns that may affect staff and consumers					
11) There is a designated “safe space”(permanent or temporary) for staff to practice self‑care					
12) There are private, confidential spaces available, when needed, to talk with consumers					
B. Establishing a supportive environment					
Staff communications and interaction:					
13) Staff shows acceptance for personal religious, cultural, or spiritual practices					
14) Staff does not talk about consumers outside of the organization unless appropriate meetings					
15) Staff maintain communication that is respectful					
16) Staff shows acceptance for personal identification such as gender, sexual orientation, partner status					
17) Staff maintains healthy professional boundaries with consumers					
Communication and interaction with consumers:					
18) My organization uses “people first” language rather than labels (e.g., “people who are experiencing homelessness” rather than “homeless people”)					

19) Current consumers are given opportunities to offer their suggestions for program improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc.)					
20) Materials are posted about toxic stress and resilience					
21) The program educates consumers about traumatic stress and triggers					
22) Agency has written easy-to-read documentation for consumers that explain core services, key rules and policies, and process for concerns/complaints					
23) The program ensures that consumers who report the need and/or desire for trauma-specific services are referred for appropriately matched services					

III. Organizational policies	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
24) My organization has a written statement that includes a commitment to trauma informed practices					
25) Our hiring protocols indicate our organization's priority of trauma-informed practices					
26) Staff (or consumers) with lived experience participate in the hiring process					
27) Performance reviews assess staff member's increased understanding of trauma informed practices					

IV. Agency commitment and endorsement	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
28) Our leadership team (including administration and governance) has received training on trauma‐informed practices					
29) Trauma‐informed care is a core principle in the organizational policies, mission statement, or written program/service information					
30) My organization has a regular process for communicating to staff about emerging trauma‐informed practices					
31) My organization has a core team (or trauma‐informed practices implementation team)					

Table adapted from Manian et al., (2021)., with written consent

Additional Questions:

32. To what extent do you think your organization is implementing trauma‐informed practices and why? (Note: “extent” refers to how widespread the trauma‐informed practices and policies are implemented within the organization, and the different levels of staff that practice trauma informed care). 1 = Not yet, 2 = A little, 3 = A lot, 4 = Fully trauma-informed

1 2 3 4

_____

_____

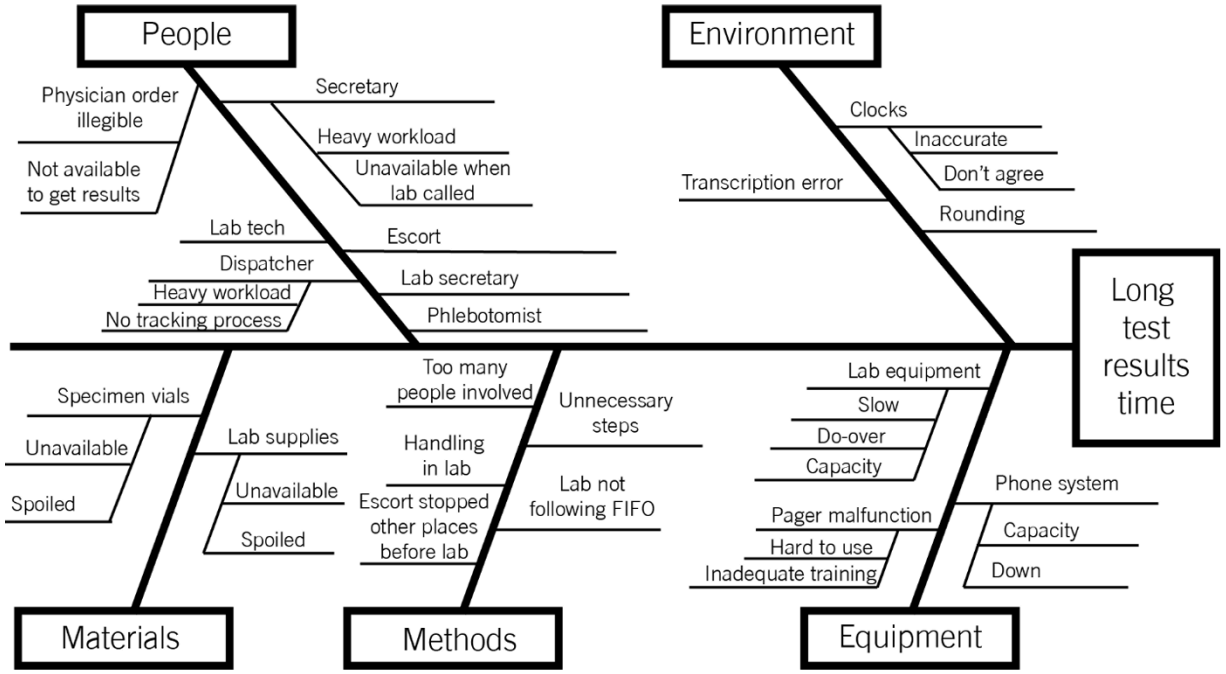
_____

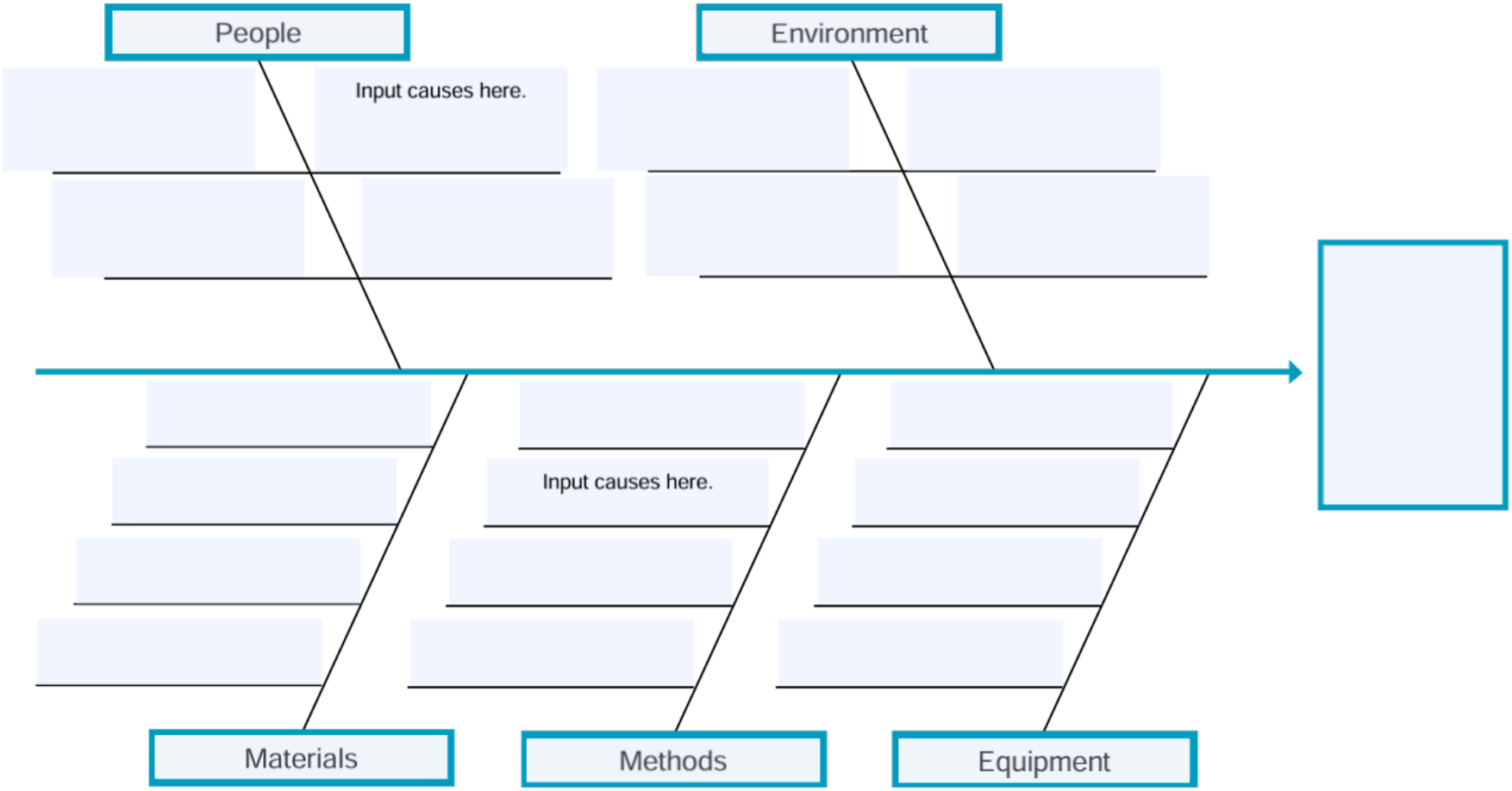
Tool 3: Cause and Effect Diagram

A cause and effect diagram can help organizations to explore causes that contribute to critical incidents. Organizations list causes under categories of Material, Methods, Equipment, Environment, and People.

Team: _____ Project: _____

Example:





Adapted from Institute for Healthcare Improvement with written approval

References List

Canadian Patient Experiences Survey-Inpatient Care. (n.d.). Patient-experience-inpatient-care—Health Quality Ontario (HQO). Ontario Health. Retrieved June 4, 2026, from https://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-inpatient-care/EN

Centers for Disease Control and Prevention. (2026). Evaluate Training: Building an Evaluation Plan. Training Development. https://www.cdc.gov/training-development/php/about/evaluate-training-building-an-evaluation-plan.html

Centers for Disease Control and Prevention. (2019). Recommended Training Effectiveness Questions For Postcourse Evaluations User Guide. https://www.cdc.gov/training-development/media/pdfs/2024/04/Recommended-Training-Effectiveness-Questions-for-Postcourse-Evaluations.pdf

Centers for Disease Control and Prevention. (n.d.). Training

Collaborative for Implementation Practice. (n.d.). Implementation Plan Template and Examples. Retrieved https://www.implementationpractice.org/wp-content/uploads/2021/05/NIRN-CIP-Implementation-Plan-Template-and-Examples-fillable-v1.pdf

Effectiveness Predictors. Retrieved https://www.cdc.gov/training-development/media/pdfs/2024/04/Training-Effectivenss-Predictors.pdf

Fahim, C., Courvoisier, M., Somani, N., De Matas, F., & Straus, S. (2020). Practicing Knowledge Translation Workbook. St. Michael's Unity Health Toronto

Health Care Experience Survey. (2024). Patient-involvement-in-decisions-about-their-care—Health Quality Ontario (HQO). https://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-involvement-in-decisions-about-their-care/EN

Health Quality Ontario. (2019). Quality Improvement Plan Guidance: Workplace Violence Prevention. https://www.hqontario.ca/Portals/0/documents/qi/qip/guidance-workplace-violence-en.pdf

Healthcare Excellence Canada, & Health Quality BC. (n.d.). Quality Improvement Workbook. Retrieved https://a-ca.storyblok.com/f/850807391887861/x/a1a202958a/quality-improvement-workbook.pdf

Institute for Healthcare Improvement. (n.d.). Cause and Effect Diagram (n.d.). Retrieved August 12, 2026, from https://www.ihi.org/library/tools/cause-and-effect-diagram

I-TECH. (n.d.). Training Evaluation Framework and Tools (TEFT). Retrieved June 9, 2026, from https://www.go2itech.org/resources/training-evaluation-framework-and-tools-teft/

Lyver, B., Gorla, J., Schulz-Quach, C., Anderson, M., Singh, B., Hanagan, T., Haines, J., & Sethi, R. (2024). Identifying quality indicators to measure workplace violence in healthcare settings: A rapid review. BMC Emergency Medicine, 24(1), 29. https://doi.org/10.1186/s12873-024-00943-w

Manian, N., Rog, D. J., Lieberman, L., & Kerr, E. M. (2022). The organizational trauma‐informed practices tool (O‐TIPs): Development and preliminary validation. Journal of Community Psychology, 50(1), 515–540. https://doi.org/10.1002/jcop.22628

Moen, R. (n.d.). Foundation and History of the PDSA Cycle. Retrieved https://deming.org/wp-content/uploads/2020/06/PDSA_History_Ron_Moen.pdf

NHS England. (2018). PAM implementation quick guide. https://www.england.nhs.uk/wp-content/uploads/2018/04/patient-activation-measure-quick-guide.pdf

Sethi, R., Lyver, B., Gorla, J., Singh, B., Hanagan, T., Haines, J., Toppings, M., & Schulz-Quach, C. (2024). Developing a customised set of evidence-based quality indicators for measuring workplace violence towards healthcare workers: A modified Delphi method. BMJ Open Quality, 13(3), e002855. https://doi.org/10.1136/bmjoq-2024-002855

Training Evaluation Framework and Tools (TEFT). (n.d.). Design and Methods Example Tables. Retrieved https://www.go2itech.org/wp-content/uploads/2017/07/Evaluation-Design-and-Methods.pdf

Training Evaluation Framework and Tools (TEFT). (n.d.). Situational Factors Worksheet. Retrieved https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.go2itech.org%2Fwp-content%2Fuploads%2F2017%2F07%2FSituational-Factors-Worksheet.docx&wdOrigin=BROWSELINK

Training Evaluation Framework and Tools (TEFT). (n.d.). Training Outcome Evaluation Planning Template. Retrieved https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.go2itech.org%2Fwp-content%2Fuploads%2F2017%2F07%2FOutcome-Evaluation-Planning-Template.docx&wdOrigin=BROWSELINK

Wingate, L. (n.d.). Doc: Five levels of Professional Development Evaluation. EvaluATE. Retrieved June 10, 2026, from https://evalu-ate.org/miscellaneous/five-levels-of-professional-development-evaluation/

Wingate, L., & Schroeter, D. (2016). Evaluation Questions Checklist for Program Evaluation. Western Michigan University. Retrived from https://www.cdc.gov/training-development/media/pdfs/2024/04/Evaluation-Questions-Checklist-for-Program-Evaluation.pdf