# IMPLEMENTATION MANUAL

## 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
Advancing Understanding. Improving Lives.
Avancer la compréhension. Améliorer la vie.

THE / LE ROYAL

traumaamongpsychiatricworkers.net

# ABOUT THIS MANUAL

This manual aims to provide step-by-step instructions for healthcare clinical leaders and administrators on how to assess your hospital's stage of preparedness to prevent violence exposure and staff trauma, and how to plan, implement, and evaluate change in order to reduce occupational exposures to workplace violence and prevent and mitigate related psychological trauma.

## Funding Statement

This manual was created as part of the project, *Violence prevention and trauma reduction in psychiatric healthcare workplaces: Leveraging facilitators and overcoming barriers to implementing evidence-based practices.* The project team includes researchers from the Waypoint Centre for Mental Health Care and The Royal, and was funded through WorkSafeBC's 2024 Innovation: Proof and Prototyping grant.

# TABLE OF CONTENTS

# INTRODUCTION

## This section includes:

- Manual Overview
- Project Background
- Recommendations Explored
- Identified Barriers

# INTRODUCTION

## MANUAL OVERVIEW

### This manual includes two key components:

1. **What to implement:** Exploring the priority recommendations that were selected through a quantitative national survey identifying implementation gaps where improvements would be most beneficial, and;

2**. How to implement**: This includes steps for planning change and addressing potential barriers, informed by research evidence and focus group feedback from clinical managers, and hospital and union representatives.

### Priority Recommendations

This manual is organized around the three priority recommendations identified by hospital leaders and staff in surveys and focus groups conducted in 2025:

1. Engage in primary prevention to reduce staff exposure to critical events
2. Increase staff's ability to prevent and safely respond to critical events
3. Improve organizational culture to create a psychologically healthy workplace emphasizing trauma prevention

# MANUAL OVERVIEW

## Manual Design

Each priority consists of objectives identified through the focus groups, reflecting the needs, challenges, and opportunities for improvement described by participants.

Each objective is organized into four steps adapted from the Knowledge-to-Action Framework (n.d.):

1. **Assess and Identify Gaps:** Includes a SMART goal table, assessment scales, and notes section to support gap analysis.
2. **Plan and Improve:** Includes operational plan tables informed by focus-group findings and relevant best practices. Each Plan and Improve section concludes with a list of relevant tools and resources for further reference.
3. **Implement:** Includes a table outlining activities across the exploration, initial implementation, and full implementation stages.
4. **Monitor and Evaluate:** Provides relevant measures and indicators for evaluating implementation processes and outcomes.

You do not need to complete the priorities and objectives in the order they appear. Instead, you can begin with the objective that is most relevant to your organization's current needs and priorities. You may refer to the worked example provided for the first objective to understand how to complete each section. The tools and resources listed at the end of each *Plan and Improve* section provide additional guidance and can be adapted to your organization's setting. The appendices also include tools related to organizational trauma support, cause-and-effect analysis, and the Plan-Do-Study-Act cycle to support the planning and evaluation of changes.

The accompanying **Workbook** can be used throughout the Manual to help guide your own implementation planning. **The Workbook can be accessed here** and through the links throughout the Manual.

# PROJECT BACKGROUND

## The Problem

Healthcare providers are at heightened risk for PTSD and other mental health problems due to workplace violence exposure and other potentially traumatic events (Carleton et al., 2019; Stelnicki et al., 2020). In addition, healthcare workers still face the extraordinary stresses related to the ongoing post-pandemic healthcare workforce challenges (Galanis et al., 2021; Morgantini et al., 2020). Slightly over half of healthcare workers (62%) report experiencing workplace violence (Liu et al., 2019), including 16% of psychiatric hospital workers experiencing post-traumatic stress disorder (PTSD; Seto et al. 2020). Evidence-based recommendations exist for preventing psychological injuries among healthcare workers (Hilton et al., 2020). The post-pandemic critical situation in healthcare (Ham et al., 2023) makes it imperative to implement these recommendations yet all the more challenging for organizations to adopt new research and translate it into policies and programs.

## Statistics highlight the prevalence of psychological injuries in psychiatric healthcare workers.

Our previous research as part of the Trauma among Psychiatric Workers project (***https://www.traumaamongpsychiatricworkers.net/***) found that one in six people working in psychiatric hospitals in Ontario met the screening cut-off for probable post-traumatic stress disorder (PTSD; Seto et al., 2020). PTSD was uniquely related to exposure to workplace violence, which was directly experienced by two-thirds of staff (Hilton et al., 2020). Furthermore, both critical incidents of violence and chronic workplace stressors increased the risk of PTSD (Hilton et al., 2020). While individual burnout plays a mediating role in PTSD, chronic stress related to healthcare working conditions increase both burnout and PTSD (Ham et al., 2022). Organizational and managerial support are key components of workplace psychological injury prevention (Rodrigues et al., 2020, 2021).

# PROJECT BACKGROUND

**Healthcare workplaces across Canada currently face annual expenses exceeding $330 billion**, with costs rising particularly in hospitals (CIHI, n.d.). The increased reliance on overtime and agency staff, driven by absenteeism and the physical and psychological injuries contributing to it (CIHI, n.d.), underscores the need for effective interventions and solutions.

## Knowledge gaps exist in workplace injury prevention strategies in psychiatric healthcare.

There are few evidence-based interventions to prevent or reduce PTSD in healthcare settings. A scoping review of workplace interventions for hospital nurses found only six eligible studies, which focused on individual level, educational and therapeutic interventions (Liyanage et al., 2021). A broader scoping review of existing strategies to support the psychological health and safety of criminal justice and forensic healthcare workers, found that most strategies again focused largely on training to reduce stigma, encourage help-seeking, and increase resilience (Canning et al., 2024), despite limited evidence of long-term effectiveness (Anderson et al., 2020; Vanhove et al., 2016). In contrast, a systematic review identified violence prevention and mental health care for healthcare workers exposed to violence as the most promising targets for PTSD prevention (Hilton et al., 2022). Further, there is limited attention to vulnerable populations such as women (Canning et al., 2024), despite the preponderance of women among healthcare workers and potential gender differences in workplace exposures, stressors, and PTSD risk and recovery (Hilton et al., 2022).

## *Recommendations for Reducing Trauma Among Psychiatric Workers*

Twelve evidence-based recommendations for hospitals to undertake were initially developed, based on research (surveys, focus groups, interviews, and literature reviews) and interest-holder consultations (with employers, employee associations, government ministries and public service agencies). The recommendations (found ***here***) were posted on a public website in early 2020. In 2024, we began translating the recommendations into guidelines and steps to support implementation. This resulting manual considers post-pandemic demands on healthcare systems while also drawing upon current knowledge of the extent to which hospitals have accessed the recommendations, any successful strategies hospitals have implemented to reduce workplace violence and related trauma, and their current needs and priorities.

# RECOMMENDATIONS EXPLORED

This implementation facilitation manual builds on work conducted through the Trauma Among Psychiatric Workers project. As a result of that project, 12 recommendations were produced, along with opportunities and suggested actions, to reduce workplace trauma and support the psychological well-being of staff working in psychiatric hospitals.

## Summary of the 12 Recommendations

The first three recommendations identify opportunities that would allow employers to strengthen their capacity to support staff, both within existing or limited additional resources. These include expanding roles for regulated health professionals to support employee mental health, leveraging occupational health and safety specialists to provide trauma-informed leadership, and for hospitals, government ministries, employee associations, professional associations, and other stakeholders, to enhance partnerships and resources for solutions to address workplace PTSD.

Remaining recommendations are organized by categories of PTSD risk factors: pre-traumatic factors (risk factors existing prior to critical incident exposure; these recommendations address the environmental, educational, cultural, and other workplace factors that could enhance prevention and preparedness), peri-traumatic factors (critical events and immediate responses; these recommendations address trauma-informed debriefing and support) and post-traumatic factors (ongoing supports and after-effects; these recommendations address return-to-work and WSIB procedures).

# RECOMMENDATIONS EXPLORED

## Current Implementation Status

Given that healthcare workplaces across Canada face escalating pressures, including absenteeism due to physical and psychological injuries, straining already limited resources, there is an urgent need for practical, prevention-focused approaches that can be feasibly implemented across diverse hospital contexts. Recognizing that evidence alone is insufficient to drive change, the current project examined the uptake of these recommendations, along with the barriers and facilitators to their implementation, in order to translate them into actionable guidance for practice.

To inform the development of this manual, a national, quantitative, cross-sectional survey was conducted with psychiatric hospitals and hospitals with adult psychiatric inpatient units across Canada. The survey collected information on hospital characteristics and assessed familiarity with, agreement with, perceived feasibility of, and extent of implementation of each of the 12 recommendations. Participants also identified their top four priority recommendations for psychiatric hospital environments, where staff are at heightened risk of exposure to violence, critical incidents, and cumulative psychological trauma.

## Survey findings demonstrated clear consensus around the importance of primary prevention and preparedness

Survey findings demonstrated clear consensus around the importance of primary prevention and preparedness. All top-priority recommendations were selected from the pre-trauma stage, emphasizing the need to reduce exposure to critical events before harm occurs and to strengthen organizational capacity to respond effectively.

# RECOMMENDATIONS EXPLORED

## In a national survey, the following 4 recommendations were chosen as the highest priorities:

1. Engaging in primary prevention to reduce staff exposure to critical events;
2. Increasing staff capacity to prevent and safely respond to workplace critical events;
3. Strengthening collaboration between leaders and staff to improve organizational culture and reduce stigma related to workplace mental health; and
4. Creating psychologically healthy workplaces with a strong emphasis on trauma prevention.

**Through further exploration during the focus group, as well as the manual research and design phases, priorities 3 and 4 were combined into one priority:** Improve organizational culture to create a psychologically healthy workplace emphasizing trauma prevention.

## This manual exclusively focuses on these three priority recommendations.

This manual exclusively focuses on these three priority recommendations. It is designed as a practical, step-by-step implementation resource offering facilitation strategies, tools for overcoming barriers, and considerations that foster real-world uptake. By basing guidance in national data and implementation science, this manual aims to support meaningful, sustainable change aimed at preventing psychological injuries and promoting the mental health of staff in psychiatric hospitals across Canada.

Each of these priority recommendations includes specific opportunities and suggested actions, which are outlined further in the manual.

# IDENTIFIED BARRIERS

## Overview of Barriers Identified in Focus Groups

While this manual focuses on facilitators and implementation strategies to prevent trauma among psychiatric workers, participants in our focus groups identified several barriers and challenges related to the implementation of prevention and safety strategies. Identifying these barriers 5 years after the initial recommendations were developed helped us to understand what has and has not changed and to frame barriers, facilitators and implementation strategies in light of current contexts- in particular, following the COVID-19 pandemic and subsequent strains on our healthcare system and resourcing.

## During our focus groups, participants highlighted multiple barriers, including:

- Rising patient acuity and complexity, risk assessment and incidents of violence
- Resource restraints in multiple areas
- Patient and family involvement in care as both a barrier and facilitator
- Challenges and uncertainties with policy alignment and implementation
- Role- and team-based variation in response to incidents of violence, and
- A need for organizational cultures to support the psychological safety of staff

The priorities, objectives and strategies outlined throughout this manual aim to respond to these identified barriers, building up or building on facilitators to support trauma prevention for psychiatric workers.

# PRIORITY 1

## Engage in primary prevention to reduce staff exposure to critical events

**Objectives include:**

- Standardize individual-level risk management
- Engage patients and families
- Optimize physical environment
- Embed violence prevention in policies and procedures
- Develop infrastructure for trauma prevention

# PRIORITY 1

## Engage in primary prevention to reduce staff exposure to critical events

Since the pandemic, individuals admitted to mental health care settings have presented with higher clinical acuity, increasing the risk of critical events and related harm to healthcare staff (Ham et al., 2023). Direct exposure to critical events, such as assaults and threats, are key risk factors for Post-Traumatic Stress Disorder (PTSD) symptoms in staff working in healthcare settings (Hilton et al., 2021). This finding was also reflected in the pre-implementation survey (Ham et al., 2026) and focus groups conducted by our team at Waypoint and The Royal, where workplace violence was identified as contributing to increased PTSD risk among psychiatric inpatient unit staff. This evidence highlights the need to prioritize primary prevention efforts to reduce critical events.

**Action:** Strengthen safety by standardizing risk management processes and optimizing physical environments to reduce risk.

**Priority 1** focuses on prevention strategies that reduce staff exposure to critical events. Through our focus group sessions, we have identified five objectives involving multiple layers of action across patients, staff, physical environments, policies and procedures, and organizations. Patient-level actions include individual risk assessment and engagement with patients and families in violence prevention. Staff-level actions include risk assessment and risk management. Environmental actions include creating safer physical spaces and strengthening security design. Policy and procedure actions include identifying gaps in existing policies and developing standardized prevention practices. Organizational actions include building a stronger infrastructure for violence prevention through organizational survey and data-driven trends. These actions can be supported by baseline assessment, ongoing monitoring, and outcome evaluation to promote long-term sustainability.

# OBJECTIVE 1

## Standardize individual-level risk management

*Worked Example*

### Individual-level risk management and violence risk assessment was identified as a key theme in our focus groups.

Violence risk assessment plays an important role in preventing violence against staff and others, as it is the first step for safety planning from the time a patient is admitted to care. According to our survey, the consistency of risk assessment tool use varied across organizations. Some organizations did not use violence screening tools at all, while others used them only for certain patients or in selected care plans.

Focus group participants emphasized that risk assessment tools should be mandatory during patient admission and that alerts should be embedded within the Electronic Medical Record (EMR) system. Safety alerts need to be prominently displayed and readily visible to all staff. The EMR system should also incorporate psychological safety alerts that identify relevant risk factors and provide recommendations to reduce staff exposure to workplace violence.

### Many organizations are already using EMR systems to support violence risk assessment and communication.

For example, the Centre for Addiction and Mental Health (CAMH) has implemented a risk flagging system within its EMR system to help identify and communicate potential safety risks (Paterson et al., 2019). The risk flag is upfront- when a healthcare professional opens the EMR system, the alert will pop up to communicate the nature of the risk (Paterson et al., 2019). Risk flags include aggression, sexual aggression, weapons, arson, letter of trespass, and unauthorized leave of absence (Paterson et al., 2019). Implementation of the updated EMR system was found to decrease the average number of incidents per patient with a risk flag (Paterson et al., 2019).

# OBJECTIVE 1

## Standardize individual-level risk management

*Worked Example*

### The timing of assessment is also critical, as participants highlighted the importance of secondary reassessment of patient violence after initial patient screening.

Screening tools like Dynamic Appraisal of Situation Aggression (DASA) and Brøset Violence Checklist (BVC) are intended for imminent violence prevention, often within 24 hours after assessment (Dickens et al., 2020). According to the Public Services Health and Safety Association (2017), violence risk assessment for mental health and addiction needs to happen at the first point of contact with a healthcare worker and needs to be repeated in each shift. However, the timing may vary depending on the type of violence screening tool used and the organization's specific processes. Therefore, organizations should consult internal stakeholders and the original tool guidance before proceeding.

### This objective focuses on supporting organizations to select, implement, and consistently use violence risk assessment tools.

This may include identifying validated tools through a literature search, establishing time points for when risk assessment should occur, and defining clear processes for communicating and reporting risk information. Standardizing these processes can help ensure that patient risk information is identified and communicated within the organization.

## Step 1: Assess and Identify Gaps

**Task:** Conduct a high-level gap analysis on the objectives below. We have provided an example **SMART goal** to illustrate this objective. A SMART goal is Specific, Measurable, Assignable, Realistic, and Time-related (Doran et al., 1981). This framework helps organizations and managers develop clear, practical, and meaningful goals (Doran et al., 1981). Rate the difference between the SMART goal and the existing state at your hospital or organization, from 0 (no gap) to 2 (major gap).

Use the **Notes section** to list specific gaps, such as areas where performance is lacking or where improvements are needed. You can also use the Notes section to identify where further assessment is needed. We will guide you through planning, implementation, and monitoring in the next steps.

**We have provided a worked example for Objective 1 below.**
**Please refer to this when filling out your own tables.**

| ***SMART goal:*** *The organization will review evidence and current practices for validated individual-level risk assessment tools (annually, biannually) to update the screening process that is appropriate for the patient population and setting.* | | |
|---|---|---|
| 0 | 1 | 2 |
| No gaps; goal achieved | Minor gaps: in progress but review or more work needed | Major gaps: goal not in sight |
| *ex. Notes*: Individual-level risk assessment is present in our unit, but it has not been updated for a long time and it is not a mandatory part of admission. Literature search and staff survey is needed to update and embed it into our system. | | |

**Go to page 7 in the Workbook to access a blank fillable SMART goal template.**

## Step 2: Plan and Improve

Now that you have assessed your SMART goals, review the gaps you have identified. If both major and minor gaps are present, begin by prioritizing major gaps. You may also wish to consider whether any goals with gaps require priority escalation due to factors such as timeliness (e.g., temporary availability of funding or other resources, critical event review or inquest). Similarly, consider whether addressing a minor gap could have a significant impact on violence prevention or trauma reduction.

If no major gaps are identified, review the goals with minor gaps and proceed to the Planning and Improvement step for the remaining objectives. As you work your way through the manual and implement improvements, you will return to the Assessment step to reassess progress, identify new priorities and select the next objective to address. This cyclical process supports continuous quality improvement in preventing violence and reducing workplace-related psychological trauma.

This section will guide you through the tasks needed to make and implement your plans for violence prevention and trauma reduction. As you move your objectives from having gaps to having no gaps, re-assess the objectives in Step 1: Assessment, then return to this section to plan and implement your next cycle of improvements.

**Task:** Create an operational plan for each objective you are working on by completing the table **linked here** (on **page 9** of the Workbook). In the Workbook, we have provided some specific suggestions of activities for each objective. These activities are based on data gathered from our focus groups, knowledge exchange events, and other interest-holder consultations. You may choose to use additional or alternative activities, being sure to check the evidence-base for any activities you are considering.

## Operational Plan Worked Example

If you identified gaps in your goal to *Complete validated tool(s) for assessing individuals' risk of violence in the healthcare setting at specified time points (e.g., intake, monthly, annually)*, and you noted that a literature review was needed, you might have a sub-goal of reviewing the evidence and current practices on individual level risk assessment. We have provided a worked example of an operational plan for this sub-goal below. Use the blank table on the next pages to develop an operational plan for your organization's goals.

| **Activity** | **Definition** | **Actor** *Who will do this? (i.e., Team or person responsible)* | **Action** *What will they do?* | **Dose** *How much? (i.e., Number of staff reached, number of sessions )* | **Frequency** *How often? (i.e., once a month, annually)* | **Expected outcome** *Metrics (i.e. measures of what you hope to achieve)* | **Resources needed** | **Timeline** Start - finish |
|---|---|---|---|---|---|---|---|---|
| **Sub-goal 1: Review evidence and current practices for individual-level risk assessment** | | | | | | | | |
| Review evidence on validated risk assessment tools for your setting | Identify tools that are evidence-based and appropriate for the care setting and patient population | • Hospital research team<br>• Clinical managers<br>• Frontline staff | Conduct an environmental scan and literature search on validated violence screening tools that aligns with organization's patient population and setting | 3–5 validated violence risk assessment tools identified and mapped to inpatient, outpatient, and/or community mental health settings | Once during the planning phase, then reviewed annually | Organization has an evidence-informed shortlist of risk assessment tools to support tool selection | • Staff time<br>• Budget for tool access, licensing, or training<br>• Administrative support<br>• Clinical education/professional practice support | May 2026 - July 2026 |

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

# **Objective 1:** Standardize individual-level risk management

## Operational Plan Worked Example

| Activity | Definition | Actor | Action | Dose | Frequency | Expected outcome | Resources needed | Timeline |
|---|---|---|---|---|---|---|---|---|
| **Sub-goal 1: Review evidence and current practices for individual-level risk assessment** | | | | | | | | |
| Survey staff on their perception of current violence screening tools | Administer survey to staff on the risk assessment process | • Professional Practice Department and leads<br>• Learning and Development team | Administer surveys and conduct focus groups and interviews | Reach 100 staff in the hospital/ organization | Annually | Staff-reported strengths, barriers, and training needs related to violence screening tools | • Survey tools<br>• Data Analytics team | July - August 2026 |
| Align tools and policies with accreditation standards | Compare current tools, policies, and documentation requirements with applicable accreditation standards and identify gaps | • Quality Improvement lead<br>• Accreditation lead | Complete a gap analysis comparing current violence risk assessment tools against relevant accreditation standards to identify areas that required updates | 1 structured gap analysis completed with input from key clinical, policy, accreditation, and risk management stakeholders | Annually | Completed gap analysis identifies gaps between current tools, policies, documentation practices, and accreditation standards, with an action plan developed to address priority gaps | • Administrative support<br>• Leadership support<br>• Budget for workflow updates | July-Septemb-er 2026 |

# **Objective 1:** Standardize individual-level risk management

## Operational Plan Worked Example

| Activity | Definition | Actor | Action | Dose | Frequency | Expected outcome | Resources needed | Timeline |
|---|---|---|---|---|---|---|---|---|
| **Sub-goal 2: Select standardized tools** | | | | | | | | |
| Determine risk screening process and time points | Define when risk screening should occur | • Clinical and professional practice leads | Conduct a targeted literature search to identify recommended violence risk screening time points, compare findings with staff surveys and identify points in the current workflow where risk screening is absent or unclear | 1 workflow review completed to define when risk screening should occur | Biannually | Completed risk screening workflow with defined time points, staff responsibilities, and documentation requirements | • Current clinical workflows<br>• Existing risk assessment policies<br>• EMR or documentatio-n templates<br>• Incident data<br>• Administrative and leadership support<br>• Staff time | Septemb-er-October 2026 |
| Embed admission screening tools and risk documentati on in care plans | Develop a consistent process for completing risk screening and documentin g results in care plans | • IT team<br>• Data Analytics team<br>• Frontline staff representati ves | Work with IT, data team, and end-users (frontline staff representatives) to embed violence screening tools in care plans | Care plan fields updated; number of units/programs included in workflow review; number of frontline staff representatives who tested or reviewed the process | Once during planning; reviewed annually or when document ation requiremen-ts change | Process is in place for completing admission risk screening and integrating risk findings into care plans | • Staff time<br>• Current admission workflows, screening tools<br>• Care plan templates<br>• EMR/docume nt support | October-Decemb-er 2026 |

# **Objective 1:** Standardize individual-level risk management

## Operational Plan Worked Example

| Activity | Definition | Actor | Action | Dose | Frequency | Expected outcome | Resources needed | Timeline |
|---|---|---|---|---|---|---|---|---|
| **Sub-goal 3: Strengthen communication and documentation processes** | | | | | | | | |
| Create risk communicati-on plan | Define how risk information will be communicat-ed between staff, teams, shifts, units, and departments | • Clinical leadership<br>• Unit managers<br>• Frontline staff representati ves | Use staff survey findings to identify gaps in current risk communication, develop a checklist for handoffs and unit transfers, and define the key risk information that must be communicated | Number of units/program-s included in review, number of staff groups that provide feedback | Quarterly | Clear communication of violence risk information between staff, shifts, teams, units, and care settings | • Staff time<br>• Handover and transfer workflows<br>• Risk communicatio -n template or checklist<br>• EMR or documentatio -n support<br>• Incident reporting procedures | Novemb-er 2026-January 2027 |
| Determine process for regularly reviewing risk scores | Establish who reviews risk scores, how often they are reviewed, and how changes are communicat-ed and documented | • Clinical managers<br>• Professional Practice lead | Develop a streamlined process where staff surveys and literature searches were conducted annually and changes are communicated to affected staff | Number of units included, staff roles assigned, and review time points standardized | Annually | • Consistent review schedule and documented roles/responsibi -lities<br>• Risk score changes are consistently communicate-d and updated in care plans | • Staff time<br>• Risk score review workflow | January-March 2027 |

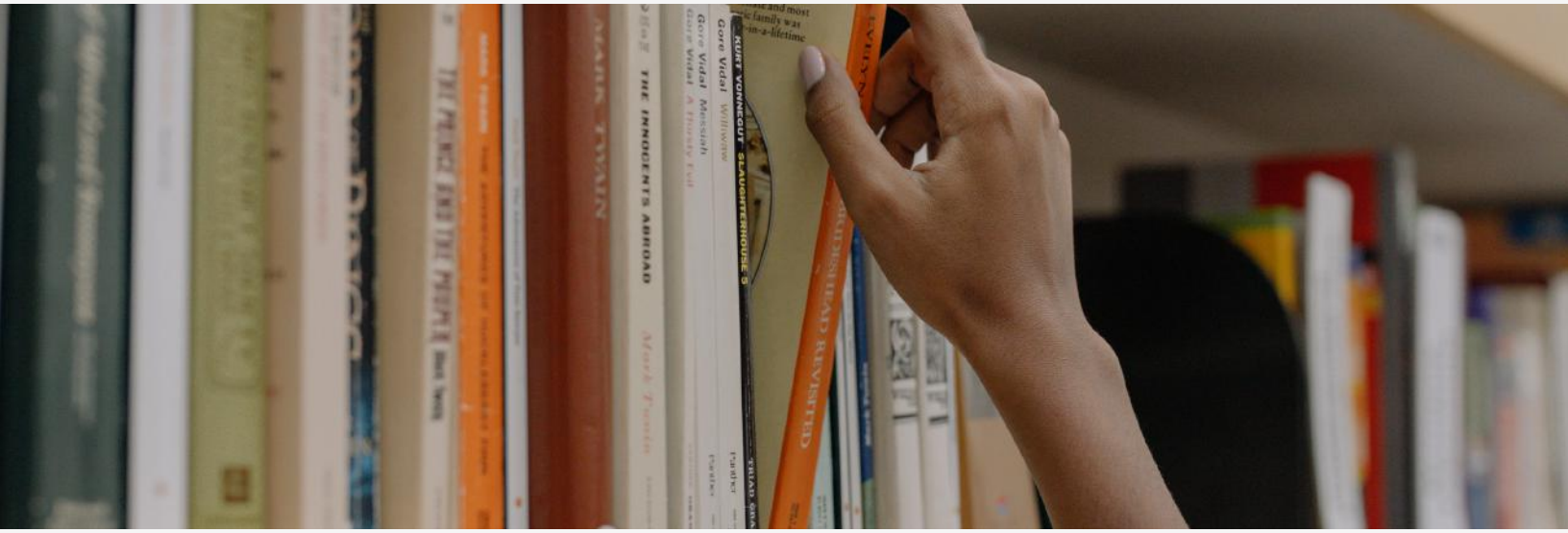
## Resources

The following section provides a list of resources and tools to support implementation of the practices described in this objective. Where possible, this section highlights tools and approaches that are supported by available evidence and are commonly used in Canadian clinical or organizational settings.

In some areas, there may be limited evidence or no single validated tool that applies across all settings. In these cases, the section includes resources that may help organizations with planning, implementation, training, and evaluation. These resources may be adapted to fit your local context, patient population, staff roles, workflow, and organizational policies.

The resources included here are not intended to be exhaustive. Rather, they are meant to provide practical starting points for organizations as you assess your current practices, select appropriate tools, and strengthen trauma-informed, evidence-informed approaches to violence prevention and trauma reduction. When a tool or approach has limited validation or is based mainly on current practice rather than strong evidence, we recommend that you acknowledge its limitations during your review and implementation work.

**Go to page 35 in Appendix A to view the full list of tools & resources for this Objective.**



## Step 3: Implement

This section will guide you through the tasks needed to put your planned changes into practice. Focus on the goals that you identified as having a major or minor gap and for which an operational plan has been developed. Implementation may begin with piloting changes in selected units before broader roll out. As you carry out your planned activities, you may need to adapt processes in response to staff feedback or implementation barriers.

**Task:** Document how each planned activity will be integrated into practice by completing the table provided (**linked here** and on **page 14** of the Workbook). This includes activities such as piloting new processes, training staff, and embedding tools into the workflow. We have provided key implementation focus areas to support this work, but these can be adapted to fit your local context, resources, and workflow.

## Implementation Plan Worked Example

We have provided a worked example of an implementation plan below. Use the blank table on the next pages to develop an implementation plan for your organization's goals.

| 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 | Identify staff groups and units that need to be informed. Provide drop-in sessions and provide presentations on the updated violence risk assessment tools | • Unit managers<br>• Risk management team<br>• Practice lead | Start with one unit (i.e., med surg, inpatient, outpatient) Target all staff providing violence screening | Time and support to attend the sessions | • Staff may have limited availability<br>• Staff may have negative perspectives on the updated assessment tools | April - June 2027 | Feedback from staff |
| Gather feedback from staff who used the updated violence screening tool | Conduct staff focus groups.<br>Engage staff in risk management team | • Data evaluation team<br>• Research team | Staff on the pilot unit | Time needed to distribute and complete the focus groups | Staff have limited availability/ interest for focus group session | June - August 2027 | Number of focus groups completed/ number of staff engaged |
| Use PDSA (Plan, Do, Study, Act) to assess pilot and improve implementation | Use the PDSA plan provided in this manual to try the pilot, observe the results, and act on the lessons learned | • Unit managers<br>• Frontline staff representatives<br>• Data evaluator | Pilot units | Time needed to complete PDSA form based on staff survey | • No meaningful information from the focus groups<br>• Difficult to change certain aspects of the tool | September-October 2027 | Completion of PDSA plan |

# **Objective 1:** Standardize individual-level risk management

## Implementation Plan Worked Example

| Implementation goal | Strategies | Person(s) responsible | Unit or service area & target groups | Supports needed | Anticipated adaptive challenges | Timeline | Progress measures & data sources |
|---|---|---|---|---|---|---|---|
| **Initial Implementation** | | | | | | | |
| Deliver staff training on screening, documenting, and incident reporting | Assess the current training on violence screening, overview staff survey, update training based on the pilot and staff survey | • Frontline staff representatives<br>• Training department<br>• Learning and Development<br>• Occupational health department | Across the hospital to frontline staff | • Resources needed to update the training<br>• Time needed for staff to complete the training | Limited time availability from staff | November-March 2028 | • Number of staff trained<br>• Number of new lessons and modules |
| **Full Implementation** | | | | | | | |
| Embed validated violence prevention screening tool | Work with IT team to embed the updated violence prevention tool into documentation, care planning, incident reporting, orientation, and Electronic Medical Record | • IT team<br>• EMR team<br>• Data analytics<br>• Clinical managers | • Across the organization<br>• All staff that conduct violence screening | Time, resources, and funding needed from the IT team | Capacity of the EMR system | October - March 2028 | Violence screening tool embedded in the workflow |

*Table adapted from Implementation Plan Template and Examples by Collaborative for Implementation Practice.*

## Step 4: Monitor and Evaluate

Now that you have developed your operational plan and implementation strategies, it is important to consider evaluation throughout the implementation process. As you complete the first three steps, you can also begin planning how implementation will be monitored, evaluated, and sustained over time. This includes identifying metrics and indicators to assess implementation quality, track progress, and understand how well planned strategies were carried out.

**Task:** Identify the measures, indicators, and data sources you will use to monitor implementation, assess progress, and evaluate whether planned strategies were delivered as intended. Use the **Measurement Plan template** on **page 20** of the Workbook to document how implementation quality, uptake, and outcomes will be reviewed over time, and how findings will be used to refine and sustain the work. A table of example indicators for each measure, specific to each objective, is included below. You may use these examples when completing your measurement plan.

## Types of Measures

| **Outcome Measures**<br><br>This reflect the impact of the implementation on health status of patients (ultimate aim) | **Process Measures**<br><br>This reflects the way your implementations work to deliver the desired outcome | **Structural Measures**<br><br>This looks at whether the organization has the right foundation in place to support practice | **Balancing Measures**<br><br>This looks at whether a change is creating unintended consequences elsewhere in the system |
|---|---|---|---|
| • Number of violent incidents or repeat incidents<br>• Improved staff perceptions of safety | • Proportion of patients screened for violence risk<br>• Number of policies updated and posted on the shared platform | • Staff to patient ratio<br>• Access to staff training<br>• Presence of EMR alerts or documentation templates | • Staff time required to complete screening or documentation<br>• Perceived burden of new tools or procedures |

*This table was adapted from Healthcare Excellence Canada & Health Quality BC.*

# **Objective 1:** Standardize individual-level risk management

## Measurement Plan Worked Example

We have provided a worked example of a measurement plan below.

| Operational definition | Data sources & collection methods | Person(s) responsible | Baseline data (If applicable) | Target/expected change | Review frequency | Post-implementation data |
|---|---|---|---|---|---|---|
| **Outcome Measures: Main outcomes to improve** | | | | | | |
| Number of workplace violence incidents reported by hospital workers within a 12 month period (Health Quality Ontario, 2019) | Number of reported workplace violence incidents is available via your organization's internal reporting mechanisms | • Data Analytics team | 120 incidents reported in the 12 months before implementation | 10% reduction within 12 months, from 120 to 108 or fewer incidents | Quarterly, with annual review | 102 incidents reported in the 12 months after implementation, representing a 15% reduction |
| Rates of injuries due to workplace violence that are reported to WSIB | • WSIB claim records<br>• Human resources (HR) data | • Occupational Health & Safety team<br>• Human Resources<br>• Data Analytics team | 6 WSIB-reported injuries per 100 FTE staff in the last 12 months before implementation | 15% reduction, from 6.0 to 5.1 or fewer injuries per 100 FTE staff | Quarterly, with annual review | 5.0 WSIB-reported injuries per 100 FTE staff |
| Percentage of Code Whites involving physical force towards healthcare professionals within the past calendar year (Sethi et al., 2024*) | • Code white reports<br>• Workplace violence incident reports<br>• Security logs | • Quality Improvement team<br>• Data analyst<br>• Occupational Health & Safety lead<br>• Security lead | 30% of Code White incidents in the past calendar year involved physical force toward healthcare professionals | Decrease from 30% to 25% within the next calendar year | Quarterly review, with annual summary | 25% of Code White incidents involved physical force toward healthcare professionals after implementation |



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

# **Objective 1:** Standardize individual-level risk management

## Measurement Plan Worked Example

| Operational definition | Data sources & collection methods | Person(s) responsible | Baseline data (If applicable) | Target/expected change | Review frequency | Post-implementation data |
|---|---|---|---|---|---|---|
| **Process Measures: The activities you are doing to achieve your desired outcomes** | | | | | | |
| Number of completed violence risk screening tools | Number of EMR records with completed violence screening tool | • Data Analytics team<br>• Implementation team<br>• EMR team | 355 completed screenings in the 12 months before implementation | 20% increase within 12 months | Monthly for the first 6 months, then quarterly | 500 completed screenings |
| Staff awareness and relevance rating on a scale of 10:<br><br>How would you rate your awareness of the violence screening tools being used?<br><br>How would you rate the relevance of the screening tool to the service you are providing? (Oussama & Makarem, 2020) | Staff survey | • Professional Practice team<br>• Clinical managers<br>• Data Analytics team | • Average awareness rating: 5.5/10<br>• Average relevance rating: 6.0/10 | Increase awareness/ relevance scores to 8/10 within 12 months | Six months after implementation, then annually | • Average awareness rating: 8.2/10<br>• Average relevance rating: 8.0/10 |

# **Objective 1:** Standardize individual-level risk management

## Measurement Plan Worked Example

| Operational definition | Data sources & collection methods | Person(s) responsible | Baseline data (If applicable) | Target/expected change | Review frequency | Post-implementation data |
|---|---|---|---|---|---|---|
| **Process Measures: The activities you are doing to achieve your intended outcomes** | | | | | | |
| Percentage of workplace violence incidents when a patient had a care plan and de-escalation methods were utilized (Lyver et al., 2024) | • Patient charts<br>• EMR documentation<br>• Nursing notes<br>• Risk assessment forms | • Clinical documentation lead<br>• Unit managers<br>• Health records/EMR analyst | 40% of reviewed workplace violence incidents had a documented care plan and documented use of de-escalation methods | Increase from 40% to 50% within 6 months | Quarterly, with annual review | 52% of workplace violence incidents had a documented care plan and documented use of de-escalation methods after implementation |
| Percentage of eligible staff who received the updated violence reduction training | Number of training administered to staff based on the course website or facilitator | • Training and Education lead | Not applicable | Reach 70% of eligible staff | Monthly for the first 6 months, then quarterly | 215 staff completed training, representing 75% of eligible staff |
| **Structural Measures: Organizational foundations that support practice** | | | | | | |
| Percentage of staff aware of changes that have taken place (Lyver et al., 2024) | Post-implementation staff survey | • Data analytics team<br>• Clinical managers | Not applicable | 80% of staff aware of the change | Days after each change implementation | 78% of staff aware of the change |

# **Objective 1:** Standardize individual-level risk management

## Measurement Plan Worked Example

| Operational definition | Data sources & collection methods | Person(s) responsible | Baseline data (If applicable) | Target/expected change | Review frequency | Post-implementation data |
|---|---|---|---|---|---|---|
| **Balancing Measures: Used to assess any unintended consequences elsewhere in the system** | | | | | | |
| Staff time required to complete screening or documentation | Conduct time audits or ask staff to record estimated completion time during a trial period | • Data Analytics team<br>• Clinical managers<br>• Quality Improvement team | Not applicable | Maintain screening length of 15 minutes or less per patient | Monthly for first 3 months, then quarterly | 14 minutes per patient |
| Delays in care because of added risk procedures | Review patient flow timestamps and staff-reported delays | • Quality Improvement team<br>• Clinical managers<br>• Data Analytics team | Not applicable | Keep delays at 30 minutes or less, while ensuring risk procedures are completed | Monthly for first 6 months, then quarterly | 25-minute average delay |

*This table was adapted from Healthcare Excellence Canada & Health Quality BC.*

# APPENDIX A

## Tools & Resources

This section provides a list of resources and tools to support implementation of the practices described in this objective. Where possible, this section highlights tools and approaches that are supported by available evidence and are commonly used in Canadian clinical or organizational settings.

In some areas, there may be limited evidence or no single validated tool that applies across all settings. In these cases, the section includes resources that may help organizations with planning, implementation, training, and evaluation. These resources may be adapted to fit your local context, patient population, staff roles, workflow, and organizational policies.

The resources included here are not intended to be exhaustive. Rather, they are meant to provide practical starting points for organizations as you assess your current
practices, select appropriate tools, and strengthen trauma-informed, evidence-informed approaches to violence prevention and trauma reduction. When a tool or approach has limited validation or is based mainly on current practice rather than strong evidence, we recommend that you acknowledge its limitations during your review and implementation work.

# *TOOLS & RESOURCES:* PRIORITY 1

## Engage in primary prevention to reduce staff exposure to critical events

**Objectives include:**

- Standardize individual-level risk management
- Engage patients and families
- Optimize physical environment
- Embed violence prevention in policies and procedures
- Develop infrastructure for trauma prevention

### Violence Risk Assessment Resources

The choice of violence risk assessment and screening tools should be based: on your target patient population and setting; your definition of violence; and the purpose of your evaluation (long-term or short-term, frequency of evaluation). Always choose tools that have been validated in outcome evaluation studies wherever possible and check to see whether they have been validated for populations similar to your patient population and setting.

The **Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing: Violence Risk Assessment**, by Canadian Academy of Psychiatry and the Law, has examples of risk assessment tools, examples of psychiatric interview content and questions for violence risk assessment, and template for violence risk assessment reporting.

- **The Brøset Violence Checklist (BVC)** has been found to have good predictive validity as a short-term structured risk assessment tool for events up to 72 hours after admission (Almvik & Woods, 2003; Kamarova et al., 2025; Kös et al., 2024).
  - The official page for BVS can be found here: **Risk Assessment - Broset Violence Checklist (BVC)**
  - You can view a version of the BVC here: **BVC English**

- **Dynamic Appraisal of Situational Aggression** (DASA) has been found to have good predictive validity as a short-term structured risk assessment tool to monitor patients before and after transitioning between settings (Kamarova et al., 2025; Ogloff & Daffern, 2006).
  - You can view a version of the DASA here: **DASA Rating Form**
  - Scoring guide for DASA form can be found here: **Dynamic Appraisal Of Situational Aggression | Swinburne**

- **Violence Risk Screening - 10 (V-RISK 10)** showed predictive validity for long-term violence with less frequent assessment (Bjørkly et al., 2009; Kamarova et al., 2025).
  - You can view a version of the V-RISK-10 here: **Violence Risk Screening - 10 (V-RISK 10)**

**Violence Assessment in Community Care Settings**
Public Services Health and Safety Association (PSHSA)'s **Assessing Violence in the Community: A Handbook for the Workplace** can be used as a guide to assessing violence in the community. It includes assessment tools to use before visit and when assessing environmental conditions.

**Violence Assessment in Outpatient Settings**
**Risk Management Strategies for the Outpatient Setting**, by the Canadian Nurses Association, provides a comprehensive overview of steps to identify risks across the outpatient setting. It includes risk identification, scoring of risks, risk responses, control and monitoring (Canadian Nurses Association et al., 2024).

# IMPLEMENTATION MANUAL

## REDUCING TRAUMA AMONG PSYCHIATRIC WORKERS

**End of Review Document**

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

Advancing Understanding. Improving Lives.

Avancer la compréhension. Améliorer la vie.

traumaamongpsychiatricworkers.net

THE / LE ROYAL