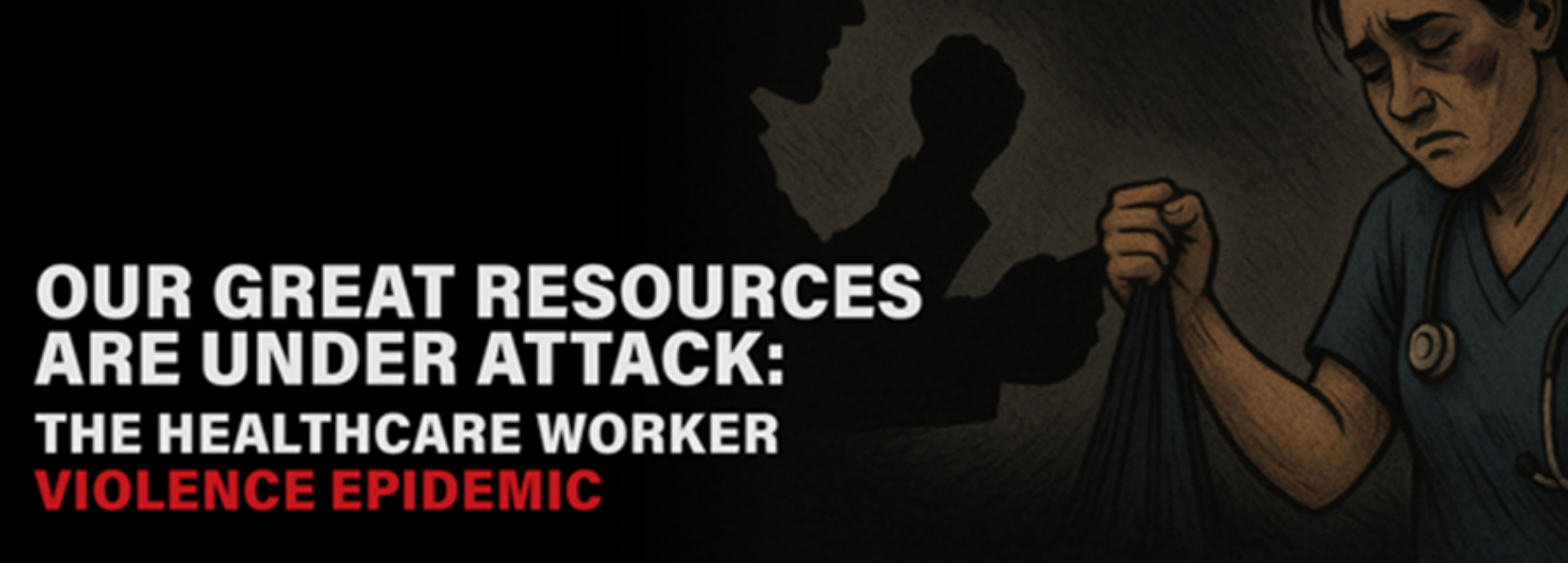


An illustration depicting a healthcare worker in blue scrubs with a stethoscope, looking distressed and holding a blue cloth. In the background, a large, dark silhouette of a person is shown in a threatening pose, with one arm raised as if to strike. The overall tone is somber and urgent.

OUR GREAT RESOURCES ARE UNDER ATTACK: THE HEALTHCARE WORKER VIOLENCE EPIDEMIC

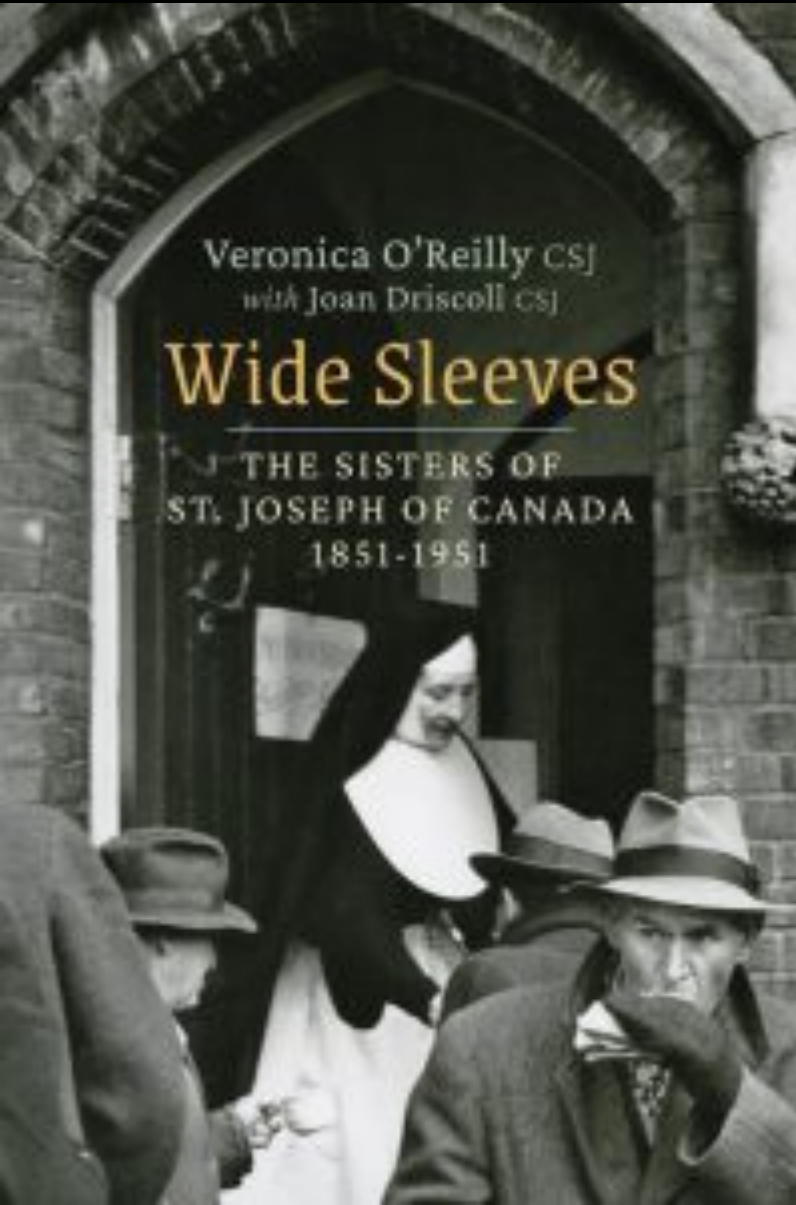
Michael Heenan, PhD
President & CEO, St. Joseph's Health System
Longwoods Breakfast Series
June 25, 2025

Before we begin

***Vast majority of patients and families
are respectful, grateful and supportive
of the quality care we provide.***

Stories, Incidents, and Language
presented today may offend.

The Sisters of St. Joseph's of Hamilton



“It is an honour to serve the sick”

Mission: **selflessness, purpose, and nobility** of this work.

Other side of that reverence:

When we frame healthcare as a calling above all else, we can unintentionally **normalize danger, silence harm, expect sacrifice without protection, and create burnout.**

June, a month of hope ...



But little do they know ...

- They are **5 times** more likely to experience violence at work than other workers
- **8% and 38%** of health care workers suffer physical violence at a certain point in their careers.
- **61% of nurses; 74% of paramedics and 89% of personal support workers** are subject to harassment and abuse annually.
- **50%** of all hospital-based violence occurs in emergency departments.
- If they are Black, Indigenous and people of colour (**BIPOC**), they are subject to greater incidents of violence and racism.
- Violence will increase their **burnout**, which lowers **patient safety**.

Kim, S., Lynn, M. R., Baernholdt, M., et al.. (2023). How does workplace violence—reporting culture affect workplace violence, nurse burnout, and patient safety?. *Journal of nursing care quality*, 38(1), 11-18.

<https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/report-29/>

Lim, M. C., Jeffree, M. et al. (2022). Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures. *Annals of Medicine and Surgery*, 78, 103727.

Beyond literature and statistics, how do I know?

My Inbox ... every morning

The screenshot shows the Microsoft Outlook interface. The left sidebar displays the 'Favorites' section with 'Inbox' (149) and 'Sent Items'. Below this, the email account 'mheenan@stjosham.on.ca' is listed with its own 'Inbox' (149). The 'Inbox' is expanded, showing a list of folders: Board, Ex-Employees, HIR - Safety Emails, **HIRs** (1), Home Care, Liz Buller (21), MAC, McMaster, Ministry of Health, OHA, Ontario Health, and SCS PWUD. The main pane shows the 'All' tab of the inbox, sorted by date. The email list includes several 'FW: New HIR Submission' emails from 'Health Office'. The right pane shows the details of the selected email, 'FW: New HIR Submission', from 'Health Office' to 'Paula Ruge; +12 others' on Friday, May 16, 2025. The email body contains a thank you message from Nancy McGregor, Administrative Support for Employee Health Office, H401 Martha Wing, St. Joseph's Healthcare Hamilton, 50 Charlton Ave. East, L8N 4A6, Tel. 905-522-1155, Ext 33344, Fax# 905-521-6111. The email footer includes the 'From' field (HIR Forms <sharepoint@stjosham.on.ca>), 'Sent' date (May 16, 2025 5:08 AM), 'To' field (HIR Forms <hir@stjosham.on.ca>; Health Office <hoffice@stjosham.on.ca>; Occupational Health & Safety <ohs@stjosham.on.ca>), 'Subject' (New HIR Submission), and a bolded line 'An (HIR) Hazard Incident Report Has Been Submitted' followed by 'ID#: HIR-16635'.

From	Subject	Received	Size	Categories	Mention
Wednesday					
Health Office	FW: New HIR Submission	Wed 2025-05-21 3:36 PM	78 KB		
Health Office	FW: New HIR Form Submitted - Non-employee	Wed 2025-05-21 10:34 AM	78 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-21 8:27 AM	80 KB		
Health Office	FW: New HIR Form Submitted - Non-employee	Wed 2025-05-21 8:21 AM	77 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-21 8:19 AM	71 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-21 8:18 AM	78 KB		
Tuesday					
Health Office	FW: New HIR Submission	Tue 2025-05-20 3:38 PM	79 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-20 8:21 AM	70 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-20 8:19 AM	72 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-20 8:18 AM	74 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-20 8:13 AM	77 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-20 8:11 AM	71 KB		
Last Week					
Health Office	FW: New HIR Submission	Fri 2025-05-16 8:24 AM	77 KB		
Health Office	FW: New HIR Submission	Fri 2025-05-16 8:21 AM	76 KB		
Health Office	FW: New HIR Submission	Thu 2025-05-15 8:52 AM	78 KB		
Health Office	FW: New HIR Submission	Thu 2025-05-15 8:15 AM	78 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-14 2:36 PM	71 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-14 9:20 AM	71 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-14 8:21 AM	72 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-14 8:12 AM	75 KB		
Health Office	FW: New HIR Submission	Wed 2025-05-14 8:12 AM	76 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-13 2:59 PM	71 KB		
Health Office	FW: New HIR Submission	Tue 2025-05-13 2:03 PM	71 KB		

FW: New HIR Submission Summarize

Health Office
To: Paula Ruge; +12 others
Fri 05-16

Thank you.

Nancy McGregor

Administrative Support for
Employee Health Office, H401 Martha Wing
St. Joseph's Healthcare Hamilton
50 Charlton Ave. East, L8N 4A6
Tel. 905-522-1155, Ext 33344
Fax# 905-521-6111

From: HIR Forms <sharepoint@stjosham.on.ca>
Sent: May 16, 2025 5:08 AM
To: HIR Forms <hir@stjosham.on.ca>; Health Office <hoffice@stjosham.on.ca>; Occupational Health & Safety <ohs@stjosham.on.ca>
Subject: New HIR Submission

An (HIR) Hazard Incident Report Has Been Submitted

ID#: HIR-16635

Sample Incident: Physical

FW: New HIR Submission - Message (H...

Search

FileMessageHelp



DeleteArchive



ReplyReply AllForward



Share to Teams



All Apps



Quick Steps



Move



Tags



Editing



Immersive



Translate



Zoom



Reply with Scheduling Poll



Viva Insights



Security Actions

FW: New HIR Submission



Health Office



ReplyReply AllForward

To  Laurie Radersma;  Occupational Health & Safety;  Seema Sharma;  Bruno Troiani;  Health Office;  Elias El-Zouki;  Carrie Fletcher;  Kyle Davies;  Donna Johnson;  Cheryl Williams;  Mike Heenan;  Agnes Bongers

Campus Where Incident Took Place: Charlton Campus

Location/Department of Hazard/Incident: emergency

Describe the Hazard/Incident: Writer was trying to change patient's brief and clean bedsheets, and patient became increasingly agitated and aggressive.

Injury: Writer was kicked in the abdomen and shoulder by patient. Patient grabbed wrists and punched arms.

Date of Occurrence: 2024-03-19

Time of Occurrence: 1659

Date Reported: 2024-03-19

Time Reported: 1909

Sample Incident: Sexual Behaviour

FW: New HIR Submission - Message (H...

Search

File

Message

Help

Delete

Archive

Respond

Teams

Apps

Quick Steps

Move

Tags

Editing

Immersive

Language

Zoom

Find Time

Add-in

Proofpoint f...

PhishAlarm

FW: New HIR Submission

Summarize

Health Office

To

Laurie Radersma; Occupational Health & Safety; Seema Sharma; Bruno Troiani; Health Office; Elias El-Zouki; Carrie Fletcher; Aleksandar Ljubinkovic; Angela Cox; Rick Badzioch; Agnes Bongers; Mike Heenan

Follow up. Start by January 21, 2024. Due by January 21, 2024.
You forwarded this message on 2024-09-22 6:42 PM.

Wed 2023-12-06 3:07 PM

Location/Department of Hazard/Incident: Hemodialysis

Describe the Hazard/Incident: Was helping patient in bed, patient was sitting and then lightly grabbed my breasts.

Injury:

Date of Occurrence: 2023-12-06

Time of Occurrence: 0845

Date Reported: 2023-12-06

Time Reported: 1408

Sample Incident: Sexual (Home Care)

FW: PSW Incident - Staff form

Nadia Surani
To: Mike Heenan
Cc: Julie Turner

choose one of the 4 options Workplace Violence OR Harassment (Complete the "Workplace Violence OR Harassment Chart" below and sections A, B, and C) and complete the corresponding chart)

Incident Type - Harassment Sexual

Classification Type II - Person is a client, visitor or family member of a client

Please provide a detailed description of the incident (including "near miss"), where it occurred, the cause, and any additional information:

"The daughter set the water temperature". "The dad was not responding when the daughter was in the room". "The dad said the daughter should leave the room". "The daughter was going slowly, I was watching her, so conscious of the way I'm doing the job". "Daughter said she was going to close the door. I asked for the door to be open for fresh air. I asked for it to be open halfway". "Before, she asked me to put my bag on the tiles. I wanted to put it on the table and she ordered me to put it on the floor tiles. When she shut the door, immediately I opened it and I saw her with my bag. She tried to do something which I cannot figure out. But I saw and the daughter left". "When she left I started doing my job with the door open half way. I put water on his body. It all started with the peri-care. As I tried to do that, he started changing reaction. He pushed my hand towards his penis and said go deeper with the peri-care. He was trying to say to rub his penis. He grabbed my hand to do what he wants. I was just doing my job, I did not do anything. I did not understand the logic he was giving to me. I was doing my job, he pushed my hand to his balls. I was just pushing my hands away and use the shower". "He was screaming loud". "I told him I was doing my job. He told me I was doing it well, the way I like it. I stopped the shower and asked to wash his hair. He continued to make sounds and grabbed his penis. I was angry but did not show it. I tried to divert his attention, but it did not. He grabbed his penis and was doing his thing. I realized he was not going to stop. I grabbed the towel. He told me to put more water on his back so I did. He tried to grab me, as in to hug me, from the front when I was cleaning. I bent to clean his leg to come out of his arm. I told him I needed to clean his back to avoid facing him one on one. He told me I have not cleaned the front very well and I

Sample Incident: Racism

FW: New HIR Submission - Message (H...

File

Message

Help

Delete

Respond

Teams

Apps

Quick Steps

Move

Tags

Editing

Immersive

Language

Zoom

Find Time

Add-in

Proofpoint f...

PhishAlarm

FW: New HIR Submission

Summarize

Health Office

To

Laurie Radersma;
 Occupational Health & Safety;
 Seema Sharma;
 Bruno Troiani;
 Health Office;
 Elias El-Zouki;
 Carrie Fletcher;
 Chelsey Sheldrick;
 Donna Johnson;
 Cheryl Williams;
 Agnes Bongers;
 Mike Heenan

Follow up. Start by August 2, 2024. Due by August 2, 2024.
 You forwarded this message on 2024-09-22 6:54 PM.

Reply

Reply All

Forward

Location/Department of Hazard/Incident: 5 mary grace

Describe the Hazard/Incident:

pt was being extremely hypersexually making inappropriate comments and asking for female staff to provided pt a shower. pt was infront of the shower room before I confronted him, I was also made aware that the female staff did not feel comfortable helping said pt because of those comments. writer informed pt that I could help him get setup in the bathroom because he was able to provided himself a shower a few days ago and during our interaction pt stated that "these pakis" writer stopped pt in his tracks and informed him that this comments are inappropriate and not tolerated.

Injury:

Date of Occurrence:

2024-03-21

Time of Occurrence:

2100

Date Reported:

2024-03-21

Time Reported:

2105

FW: New HIR Submission

Health Office
To Linda Denman; Occupational Health & Safety; Health Office; Bruno Troiani; Seema Sharma; Emily Dejong; Jane Loncke; Elias El-Zouki; Erica Howard;
Carrie Fletcher; Elizabeth Harrington; Mike Heenan; Linda Calhoun
You forwarded this message on 2024-09-22 7:07 PM.

Campus Where Incident Took Place: Charlton Campus

Location/Department of Hazard/Incident: Complex care

Describe the Hazard/Incident: Pt received at 0700 in bed sleeping. Writer went in to pt room for assessment and medication pass. Pt awake and right away requested for beer. Writer told pt it is too early to give him a beer at the moment and that writer is currently busy with other pt. Pt did not agree. Pt was holding on to the call bell and calling non-stop, pt was also calling switch board and unit nurses station complaining that his nurse did not give him beer. After half an hour, pt call for a brief change. Writer went to attend to pt request as to clean his brief with a can of beer as per his request pt states "I need the beer first or you do not touch me you liar, He states he has been waiting for his beer for the past 20 minutes and you did not show up", Pt also states "GO LIVE IN THE JUNGLE WHERE YOU BELONG".
writer wait patiently to explain to patient how busy I was and that other patient need me too. Writer says I have you beer with me right now, let me clean you first as pt brief is soiled with foul smell all over the room. Pt states "I don't care, get out of my apartment" and go live in the jungle one more time. Writer has to leave the room and as well take the can of beer away.

Injury:

Date of Occurrence: 2024-07-28

Time of Occurrence: 9:45

And this happened ... two weeks ago



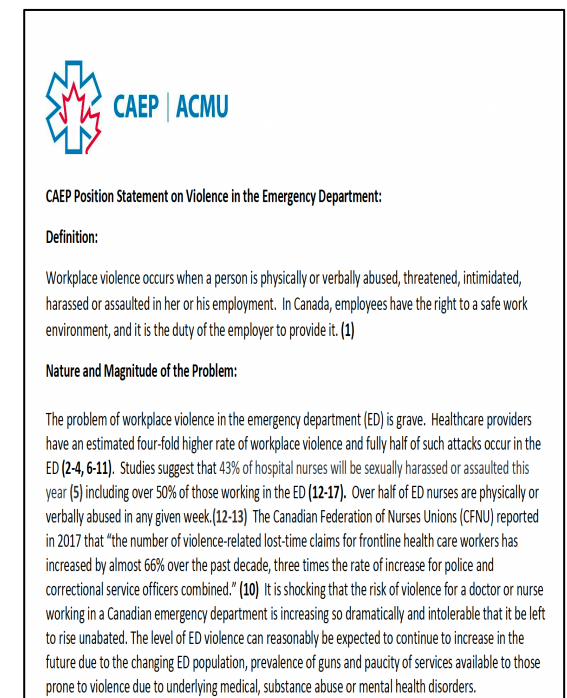
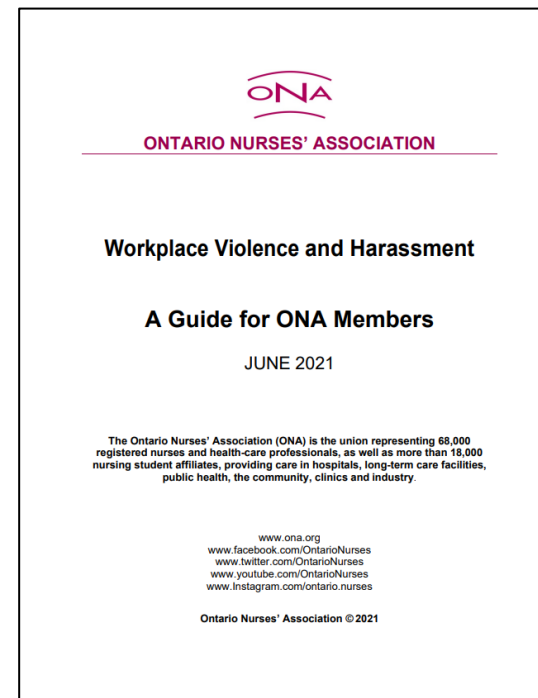
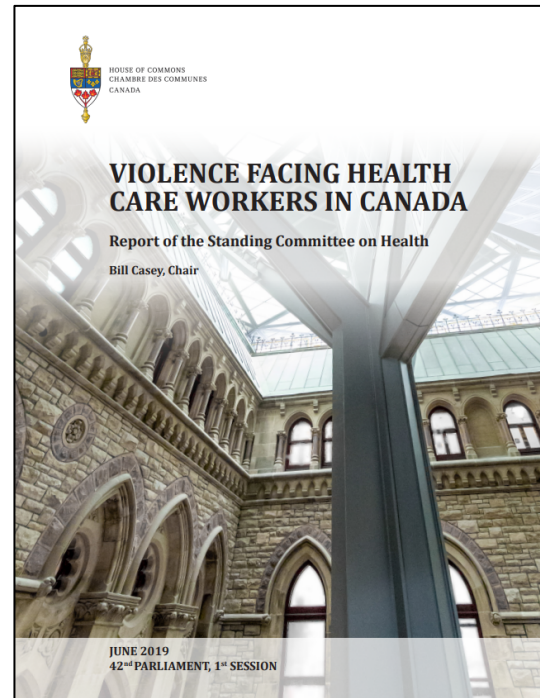
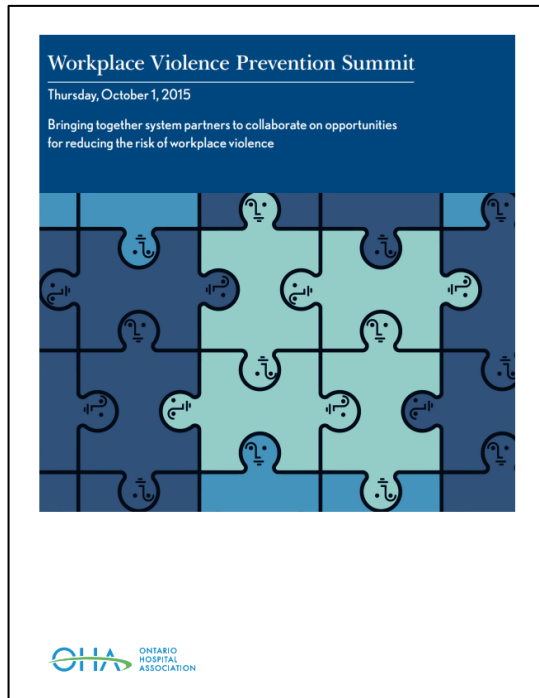
1. Apologize to you ladies in advance.
2. But you fucking bastard.
3. You crippled me in 2019.
4. You've done nothing to remedy my problem.
5. Your such a piece of dog shit.
6. Why did I have to come to the hospital for all that pain, no idea.
7. You've done nothing to remedy my problem.
8. You piece of shit.
9. In Buffalo I saw on the news a couple months back a guy who came to the hospital and shot a doctor.
10. That's bloody great but you can't do that here. I don't have access to a gun.
11. You've ignored me for help, not done a thing.
12. If I had a gun and I was a single man, I would've shot you long ago but I don't and I have a family, so you are lucky there, your saved.
13. You've done nothing, you don't deserve that job.
14. People in this country didn't deserve you either.
15. You do more harm then good.
16. You've crippled a lot of men.
17. But anyway, that's not the end of this problem. I've got help now. I have legal help and the whole world is going to know about you, you fucking piece of shit.

And my staff tell me ...

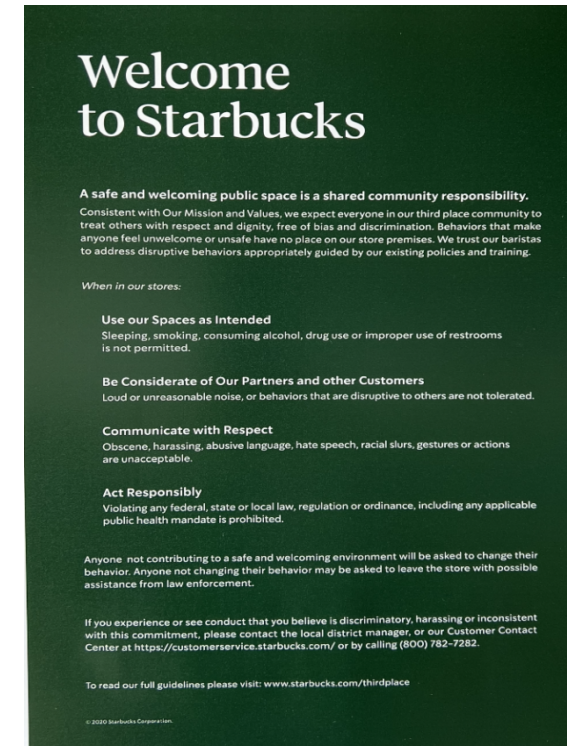


We Tried Before. So how did we still get here?

1. This isn't a new issue.



2: Violence & Incivility are a broader societal problem.



But unlike these companies, we cannot refuse service

3: Patient Acuity is Increasing Complex

Due to illness or unknown symptom, people are scared, nervous and frustrated, and therefore may not be their true self.

We recognize people come to us at a point of vulnerability.

4: Structural Factors

System Pressures

- Patients' general frustration with the health care system. Issues such as high costs, limited treatments, or wait times can be triggers of aggression.

Understaffing

- Workers are less able to assess patients for potential behavior problems.
- Due to less time and weaker relationships with patients, efforts to de-escalate violence may not be as effective.

Physical Infrastructure

- Aging buildings do not adequately create safe spaces
- Home care workers enter unknown spaces

We Tried Before. So now what?

If the moral argument isn't enough ... The Economics

- Multiple systems incl. **Canada, the U.S., and the U.K.** now quantify violence as a **multi-billion dollar annual burden** on healthcare.
- Healthcare had the **highest rate of violence-related injuries** in Ontario. (**\$23.8M** in direct system costs - 2014).
- **\$2.7 billion USD/year** is spent by U.S. hospitals responding to **violence against staff**
→ Equivalent to **~\$3.7 billion CAD/year**
- **£769 million/year** in **direct & indirect costs** to the NHS in England due to violence against staff.
 - Equivalent to **~\$1.3 billion CAD**
- The **costs stack quickly**: overtime, security, sick leave, staff turnover, and legal exposure.
- Every lost provider due to violence compounds the **health human resource crisis**, driving up recruitment and training costs.

Legal Realities – Hospitals face a tough balance

We can...

- **Refuse Unsafe Work**
- **Set Limits on Care**
- **Call Police & Pursue Charges**
- **Restrict Access with Trespass Notices.**
- **Enforce Risk Assessment & Violence Policies**
- **Support Staff WSIB Claims**

Our Limitations

- **Work Refusal Restrictions**
- **Limited Civil Recourse**
- **Human Rights Constraints**
- **Urgent Care Cannot Be Denied**

Some Emerging Practices... USA

Opinion

VIEWPOINT

State Approaches to Stopping Violence Against Health Care Workers

Rebekah J. Ninan, BA, MMSc
Harvard Law School,
Cambridge,
Massachusetts.

I. Glenn Cohen, JD
Harvard Law School,
Petrie-Flom Center for
Health Law Policy,
Biotechnology, and
Bioethics, Harvard
University, Cambridge,
Massachusetts.

El Y. Adashi, MD, MS
Brown University,
Providence,
Rhode Island.

Viewpoint page 823
Supplemental
content

Health care workers are disproportionately at risk for workplace violence. They are 5 times more likely to experience violence at work than other workers, accounting for 73% of all nonfatal workplace injuries from violence. Attacks against health care workers are on the rise. A national survey of nurses found a 119% increase in nurses reporting worsening workplace violence between March 2021 and March 2022.¹ This increase is part of a broader trend of rising violence against health care workers over the last decade. This Viewpoint seeks to understand the current legislative responses at the state level to this outburst of deadly violence and analyze how the law is adapting to protect health care personnel.

The dangers of violence perpetrated against health care workers are evident in the past year. In July 2023, a shooting left one security guard dead and another health care worker injured at the Legacy Good Samaritan Medical Center in Portland, Oregon.² The perpetrator was there to see his partner's newborn.³ Minutes before the shooting started, someone at the hospital called the police to report that the man in question had been threatening staffers.² In response to the shooting, the hospital saw to the addition of metal detectors, bag

State legislative actions remain critical to addressing the crisis facing health care professionals, especially considering the lack of congressional action.

searches, bullet-slowing glass, and security officers with stun guns.² However, some hospital employees remain skeptical that these increased security measures will be permanently maintained in the face of the costs involved.²

The National Institute for Occupational Safety and Health (NIOSH) is a federal agency that conducts research and offers recommendations regarding workplace safety. The agency maintains a classification system for workplace violence that breaks down into 4 types. Type 1 violence comprises criminal attacks committed by someone with no connection to the workplace. Type 2 is violence in a workplace perpetrated by customers or clients. Type 3 is violence perpetrated by workers against coworkers. Type 4 is violence that stems from a personal relationship outside of work that then transpires at the workplace. Attacks on health care workers usually fall into the first 2 categories under the NIOSH classification in that the attackers are often individuals

with no relationship to the hospital or they are patients or family members who become violent while receiving services.

There are multiple hypothesized causes for the overall increase in violence. One factor is patients' general frustration with the health care system. Issues such as high costs, limited treatments, or wait times can be triggers of aggression.² Understaffing, leading to fewer health care workers per patient, could also be a factor in 2 ways. First, workers are less able to assess patients for potential behavior problems.² Second, due to less time and weaker relationships with patients, efforts to de-escalate violence may not be as effective.² The COVID-19 pandemic created more strains on hospital staffing and has accelerated the trend of violence.¹ Physicians have also been killed by shooters angry over the outcome of their or a loved one's care, such as the 2015 Brigham and Women's Hospital shooting of Dr Michael Davidson by the son of a patient who blamed Davidson for his mother's death.²

Congress has not passed any laws to address health care-based violence, but state legislatures are addressing the health care-based violence head-on. The approaches taken by the states vary, but broadly comprise 2 categories. The first type of state law provides for increased punishment for perpetrators of violence or threats. Many states have harshened sentencing for individuals who commit an assault when it is against a health care worker. Similarly, some states treat an assault against a health care worker as its own misdemeanor or felony, thereby heightening the classification

compared with other types of assault. Around 40 states have adopted these laws.² While many states have targeted intentional acts of violence, some, like Oregon, have even attempted to punish nonintentional but reckless harm involving a hospital worker on duty.⁴ Oregon's law, if enacted, would carry a charge of third-degree assault for which the penalty is 5 years in prison or a \$125 000 fine.⁴

Some state laws, such as New Jersey's 2023 Health Care Heroes Violence Prevention Act, make it a criminal offense to intentionally threaten health care workers or volunteers. Violators of the New Jersey law could be guilty of "a disorderly persons offense" that is punishable by imprisonment of up to 6 months and/or a fine of \$1000.⁵ A similar bill about threats against health care workers passed both chambers of the Maryland state legislature. The law renders threats against hospital members result in a 90-day jail sentence. In Colorado, the state legislature has paid special attention to digital

State Approaches to Stopping Violence Against Healthcare Workers (JAMA, 2025) – In the USA, a more aggressive strategy in some States...

Criminal Law Changes

- **Increased Penalties for Assaulting Healthcare Workers** (≈40 states):
 - **Oregon:** Assault = felony, up to 5 years prison / \$125,000 fine.
 - **New Jersey & Maryland:** Criminalized *threats* against health workers.
 - **Colorado:** Passed *anti-doxxing* law to protect health worker privacy.

Workplace Safety Legislation

- **Mandated Violence Prevention Programs** (≈12 states):
 - **Texas (2023):** Requires plans by Sept 2024.
 - **California & Virginia:** Mandate:
 - Written violence prevention plans
 - Regular staff training
 - Environmental and risk assessments
 - Dedicated security presence in emergency departments

Hospital Police Powers

- **29+ states** have passed or are considering laws allowing hospitals to:
 - Establish **independent police forces**
 - Grant **arrest powers** and authority to **carry firearms**

Corresponding
Author: I. Glenn
Cohen, JD,
Harvard Law School,
Petrie-Flom Center for
Health Law Policy,
Biotechnology, and
Bioethics, Harvard
University, 1525
Massachusetts Ave,
Griswold Hall Room
503, Cambridge, MA
02138 (igcohen@law.
harvard.edu).

Some Emerging Practices... UHN

Schulz-Quach et al. BMC Emergency Medicine (2025) 25:9
<https://doi.org/10.1186/s12873-024-01144-1>

BMC Emergency Medicine

RESEARCH

Open Access



Understanding and measuring workplace violence in healthcare: a Canadian systematic framework to address a global healthcare phenomenon

Christian Schulz-Quach^{1,2*}, Brendan Lyver^{2†}, Charlene Reynolds², Trevor Hanagan², Jennifer Haines², John Shannon², Laura Danielle Pozzobon^{2,3}, Yasemin Sarraf², Sam Sabbah^{1,2}, Sahand Ensafi^{2,4}, Natasha Bloomberg², Jaswanth Gorla¹, Brendan Singh², Lucas B. Chartier^{1,2}, Marnie Escaf², Diana Elder², Marc Toppings², Brian Hodges^{1,2} and Rickinder Sethi^{1,2}

Abstract

Background Globally, healthcare institutions have seen a marked rise in workplace violence (WPV), especially since the Covid-19 pandemic began, affecting primarily acute care and emergency departments (EDs). At the University Health Network (UHN) in Toronto, Canada, WPV incidents in EDs jumped 169% from 0.43 to 1.15 events per 1000 visits ($p < 0.0001$). In response, UHN launched a comprehensive, systems-based quality improvement (QI) project to ameliorate WPV. This study details the development of the project's design and key takeaways, with a focus on presenting trauma-informed strategies for addressing WPV in healthcare through the lens of health systems innovation.

Methods Our multi-intervention QI initiative was guided by the Systems Engineering Initiative for Patient Safety (SEIPS) 3.0 framework. We utilized the SEIPS 101 tools to aid in crafting each QI intervention.

Results Using the SEIPS 3.0 framework and SEIPS 101 tools, we gained a comprehensive understanding of organizational processes, patient experiences, and the needs of HCPs and patient-facing staff at UHN. This information allowed us to identify areas for improvement and develop a large-scale QI initiative comprising 12 distinct subprojects to address WPV at UHN.

Conclusions Our QI team successfully developed a comprehensive QI project tailored to our organization's needs. To support healthcare institutions in addressing WPV, we created a 12-step framework designed to assist in developing a systemic QI approach tailored to their unique requirements. This framework offers actionable strategies for addressing WPV in healthcare settings, derived from the successes and challenges encountered during our QI project. By applying a systems-based approach that incorporates trauma-informed strategies and fosters a culture of mutual respect, institutions can develop strategies to minimize WPV and promote a safer work environment for patients, families, staff, and HCPs.

*Christian Schulz-Quach and Brendan Lyver share the first Authorship.

†Correspondence:
Christian Schulz-Quach
Christian.Schulz-Quach@uhn.ca
Full list of author information is available at the end of the article



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

University Health Network (UHN), 2025 Study:

- **Workplace violence is widespread** in healthcare, with some roles (ED, mental health, long-term care) facing especially high risk.
- **Underreporting is rampant**, many staff normalize or quietly endure violent incidents.
- **Data is fragmented**: Canada lacks consistent national definitions, tracking, or reporting standards.
- UHN responded by launching a **system-wide QI prevention and management program** with:
 - A patient **flagging and alerting system**
 - **Detailed Care planning** for high-risk cases
 - **Mandatory staff training** in prevention and de-escalation
 - Integrated oversight and governance

Source: Understanding and measuring workplace violence in healthcare: a Canadian systematic framework to address a global healthcare phenomenon. Schulz-Quach et al. 2025

At St. Joe's it's early, but we're building

Building from the OHA Summit, 2015



- Culture
- Communication
- Education
- Policy
- Infrastructure

St. Joe's Healthcare Hamilton: A Long View

Leadership, Board Commitment: 3-year horizon

Post pandemic, get the Basics Right

- Simply reporting
- Refocusing on the minimum standard
- Tools, Education, Training
- New Infrastructure Design

Addressing Zero Tolerance

- Humanizing the experience
- Document in Chart
- Legal options
- Words matter – “It’s Not Okay”

Double down on DEI

- Data Collection
- Racism and Sexual Incident Leadership Response Team

We’re not Perfect

- Researching MD reporting
- 3rd Party Assessment (IHI)
- Legislative Advocacy

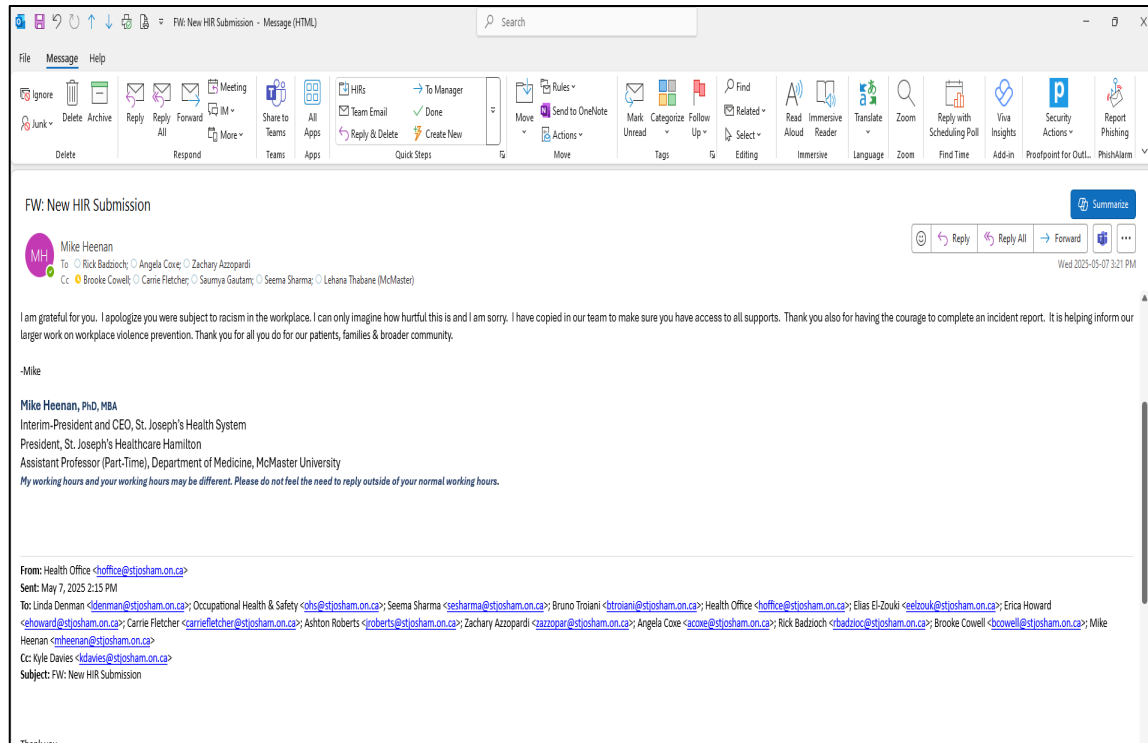
Racism and Sexual Incident Response Team

CEO Initiated Response Team (CIRT)

Following morning incident reports, CEO emails every staff person who reports a racist or sexual based event

Local Leadership; Occupational Health
DEI Team; Security; Unit Managers

Are alerted & respond with any and all
supports staff desires



A Pivot on Our Campaign: We do tolerate

We are committed to
providing a
safe, healthy and
respectful environment.

St. Joseph's
Healthcare Hamilton
will not tolerate
any form of violence
or harassment.

Violence and harassment includes:

Physical assault of any kind, verbal abuse,
racial and identity based insults, physical threats
and sexual harassment

St. Joe's commitment to a safe environment applies to everyone.

For more information go to StJoes.ca/ViolencePrevention

Living the Legacy: **Compassionate Care. Faith. Discovery**

St. Joseph's
Healthcare  Hamilton

A Pivot on Our Campaign: Speak Plainly



DO NO HARM
Violence in any form will not be ignored.



St. Joseph's
Healthcare Hamilton



For more information:
StJoes.ca/ViolencePrevention



IT'S NOT OKAY IN A COFFEE SHOP.

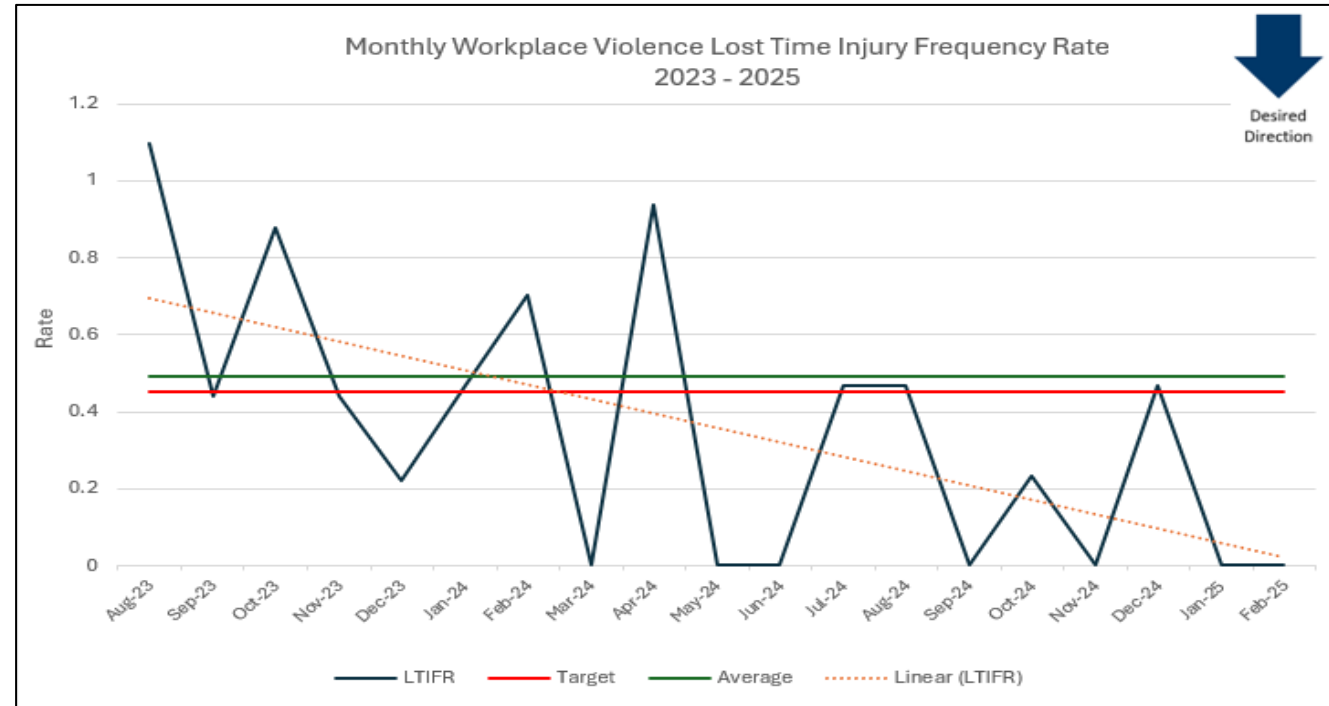
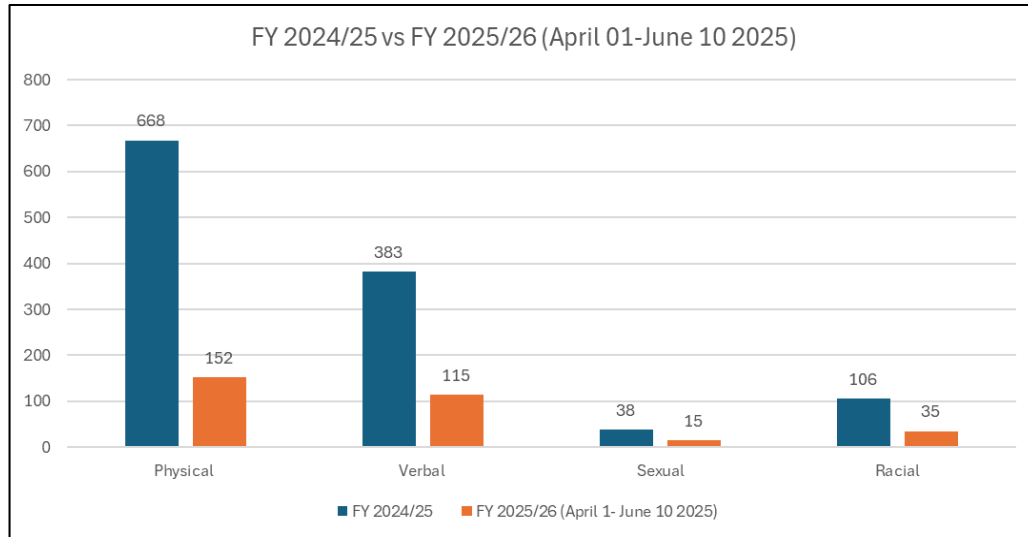
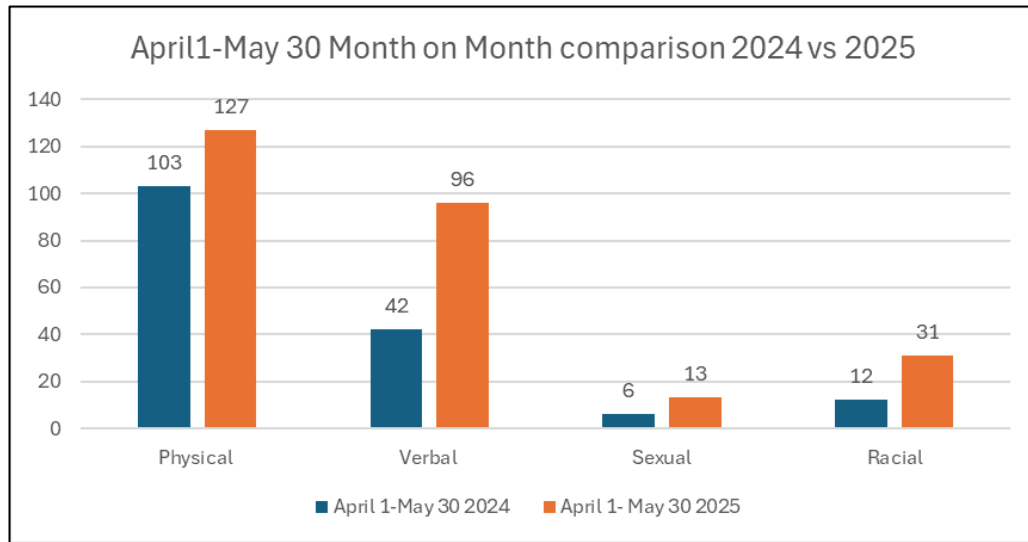
IT'S NOT OKAY IN A HOSPITAL.

Being in a hospital is more stressfull than buying a cup of coffee, but it's not okay to spit on your nurse. **Violence in any form will not be tolerated.**

St. Joseph's
Healthcare Hamilton

To report an incident, call security services 24/7 at: (905) 522-1155 ext. 33333

Our Data: More Reporting, Less Harm



We don't have all the answers, we're asking for help

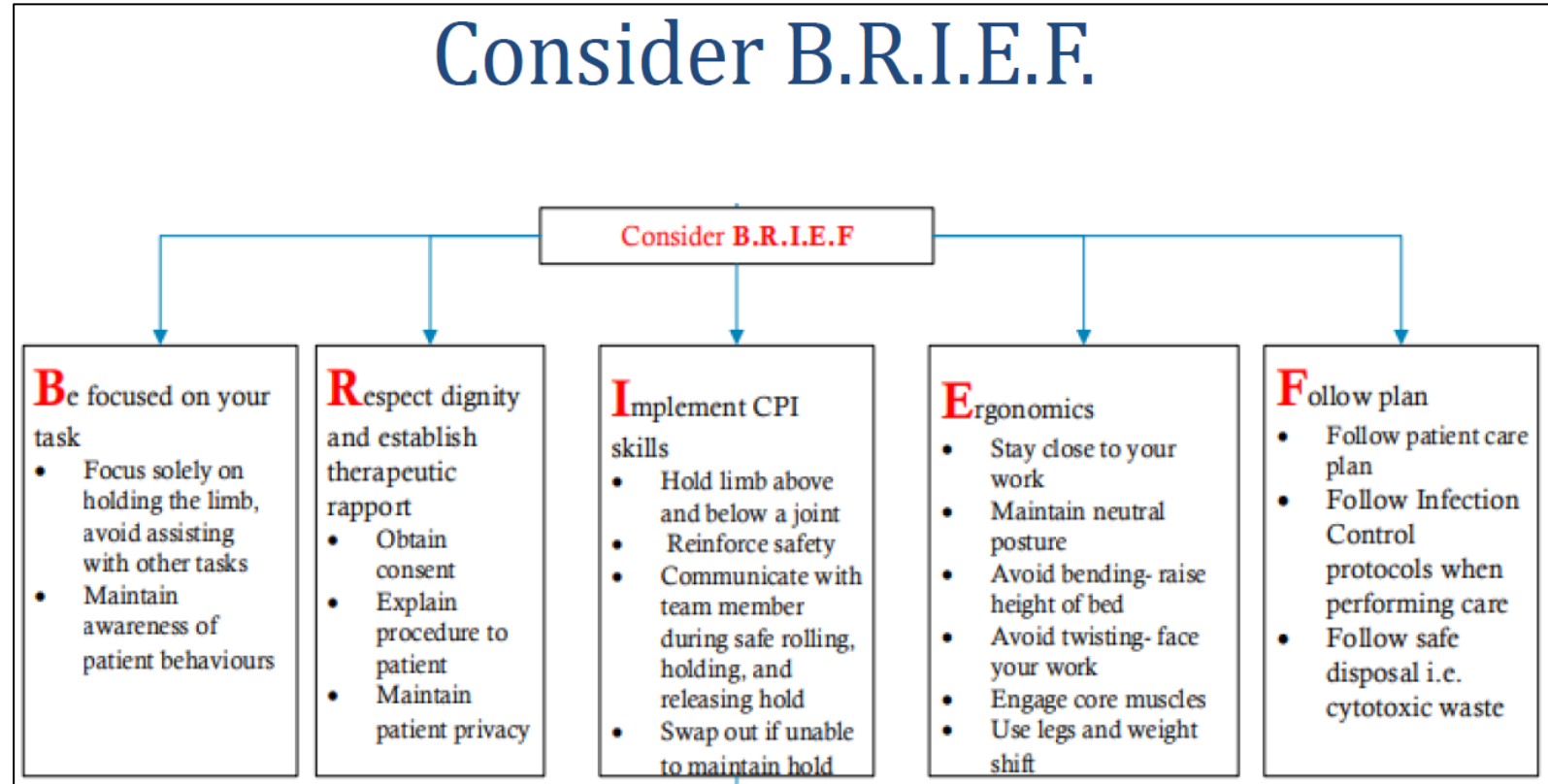
We're not perfect: Engaging third-party expert advice



Patients are teaching us too



Consider B.R.I.E.F.



Our Call to Action

Our Call to Action

PARLIAMENT OF CANADA VISIT PARLIAMENT FRANÇAIS

SENATE HOUSE OF COMMONS

BILL [C-321](#)

If you have any questions or comments regarding the accessibility of this publication, please contact us at accessible@parl.gc.ca.

First Reading Second Reading Third Reading LEGISinfo

Bilingual view XML PDF

Bill C-321
(Third Reading)
February 28, 2024

Table of Contents

SUMMARY

1 Criminal Code

First Session, Forty-fourth Parliament,
70-71 Elizabeth II – 1-2 Charles III, 2021-2022-2023-2024

HOUSE OF COMMONS OF CANADA

BILL C-321

An Act to amend the Criminal Code (assaults against persons who provide health services and first responders)

AS PASSED

BY THE HOUSE OF COMMONS

FEBRUARY 28, 2024

441010

SUMMARY

This enactment amends the *Criminal Code* to require a court to consider the fact that the victim of an assault is a person who provides health services or a first responder to be an aggravating circumstance for the purposes of sentencing.

- Our job morally and legally is to take every precaution to keep staff safe
- MOH & MOL need to restrike a focus that address the issue in our sector
- Modern capital infrastructure needed
- Talk Plainly
- Use Human Rights and Criminal Code when appropriate
- ***Support the reintroduction & passing of Bill C-321 (Criminal Code amendment)***