Michael Heenan, PhD

President & CEO, St. Joseph's Health System

Longwoods Breakfast Series

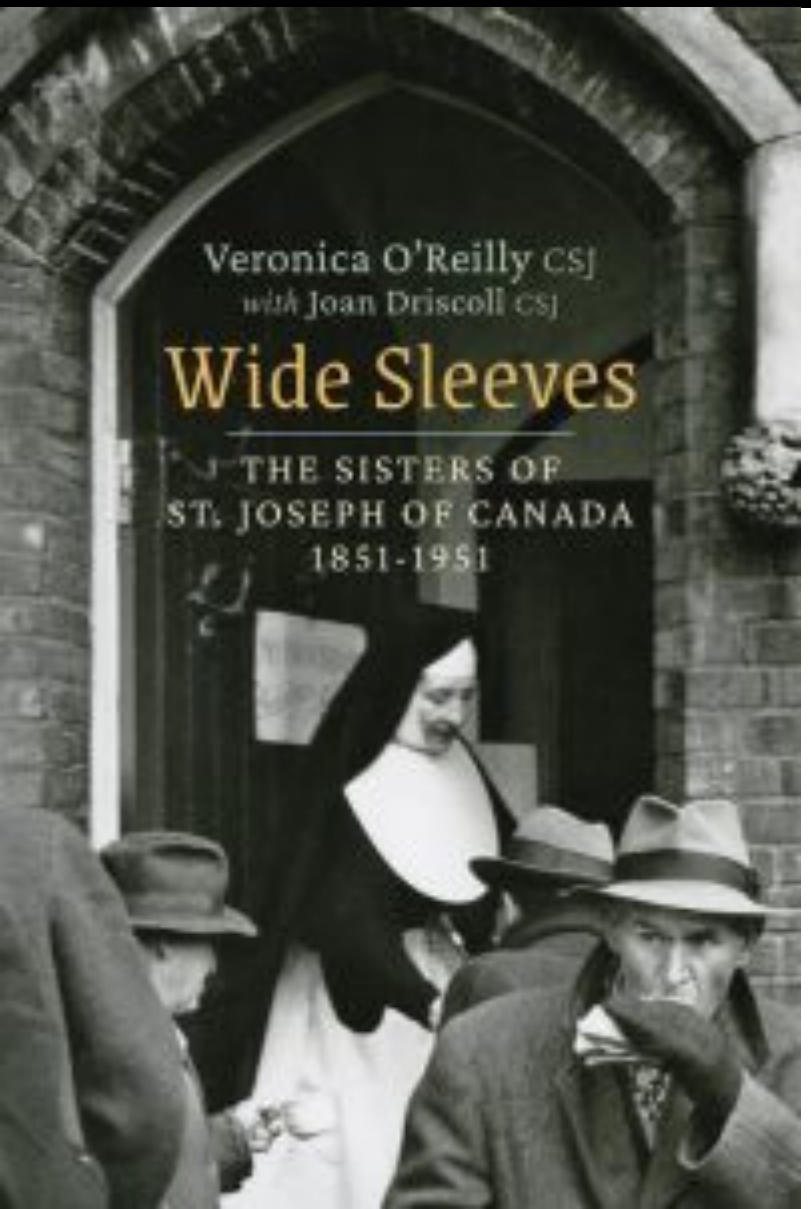
June 25, 2025

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 …

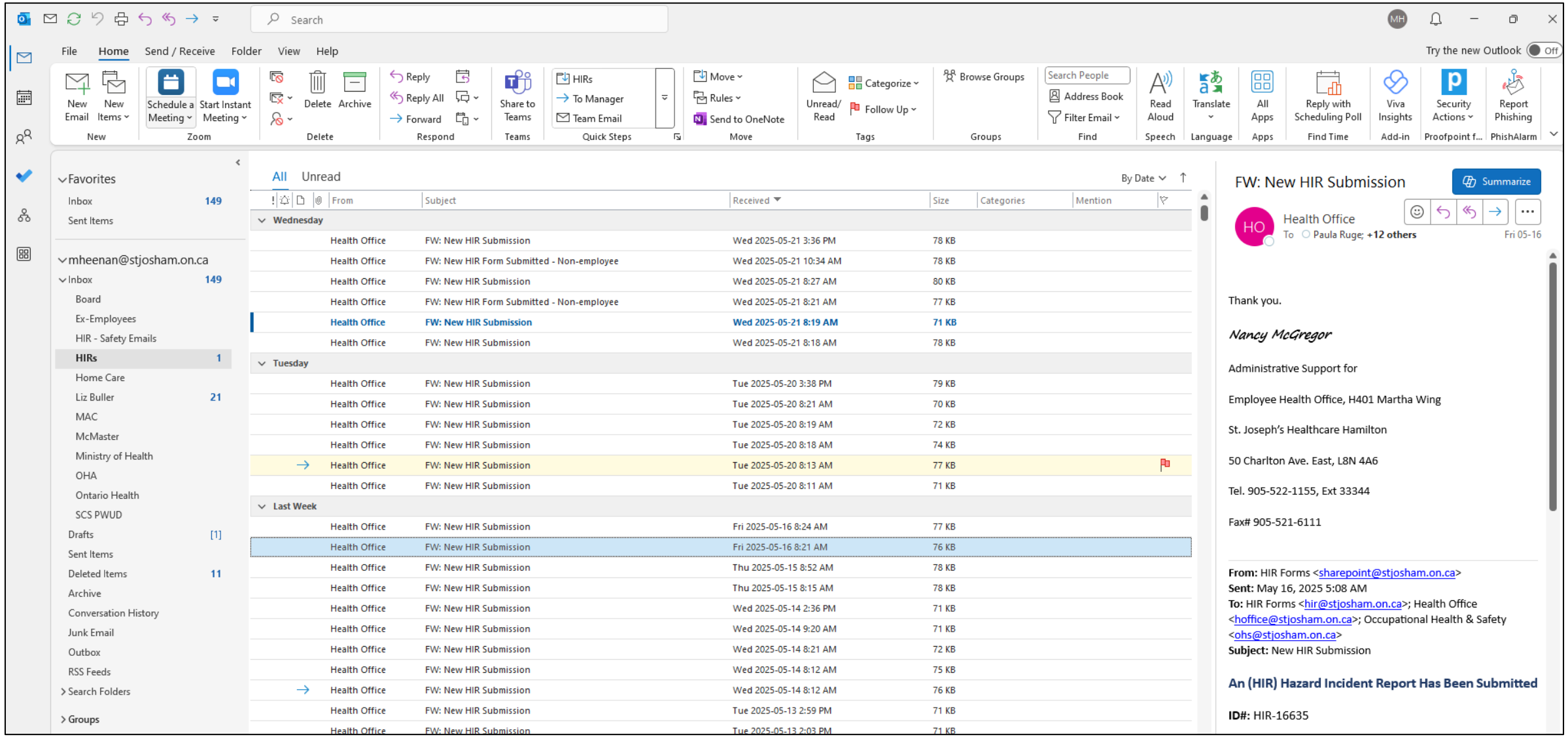
But little do they know …

- They are **5 times** more likely to expedience 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**.

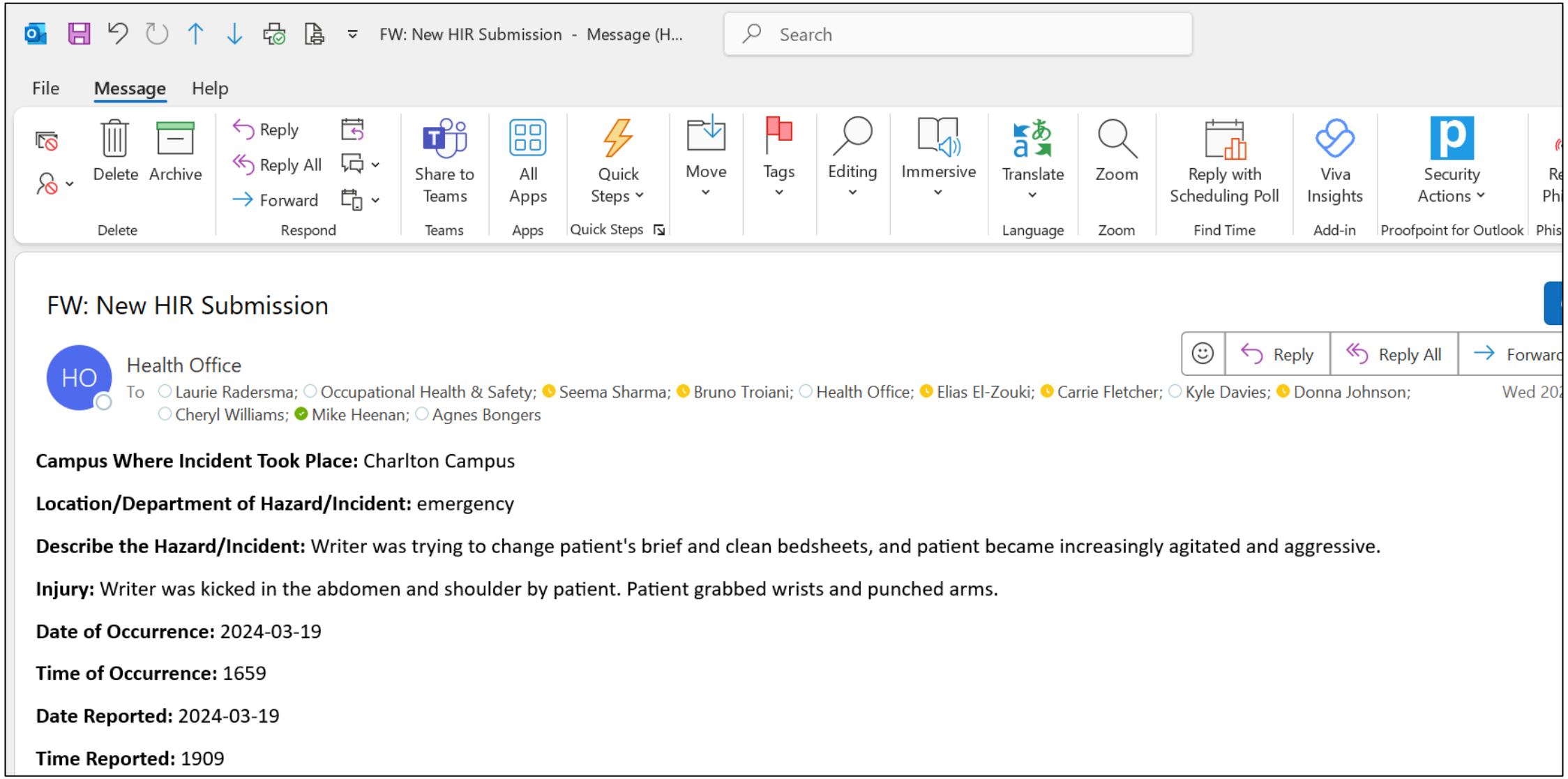
Kim, S., Lynn, M. R., Baernholdt, M., et al.. (2023). How does workplace violence–reporting culture affect workplace violence, nurse burnout, and patient safety?. *Journal of nursing care quality*, *38*(1), 11-18.
https://www.ourcommons.ca/DocumentViewer/en/42-1/HESA/report-29/
Lim, M. C., Jeffree, M. 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?

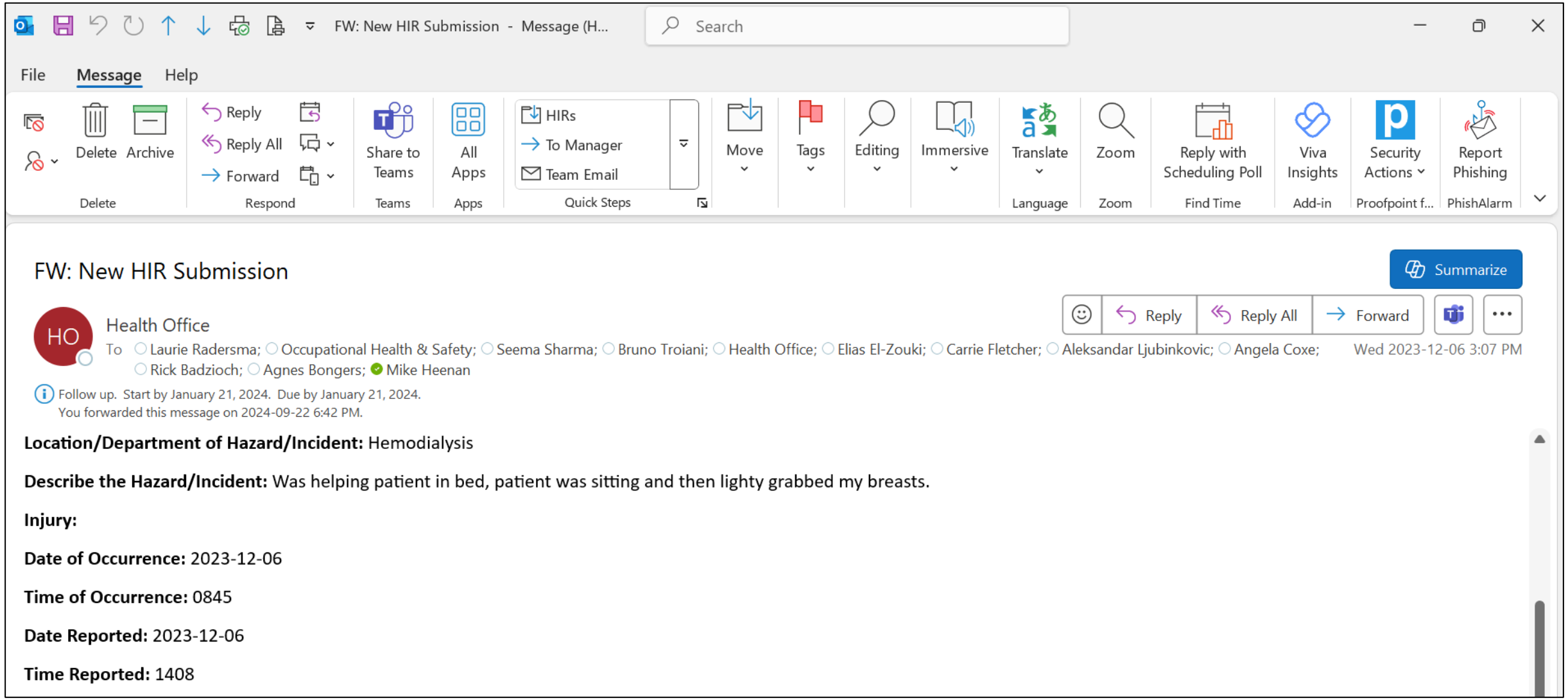
My Inbox … every morning



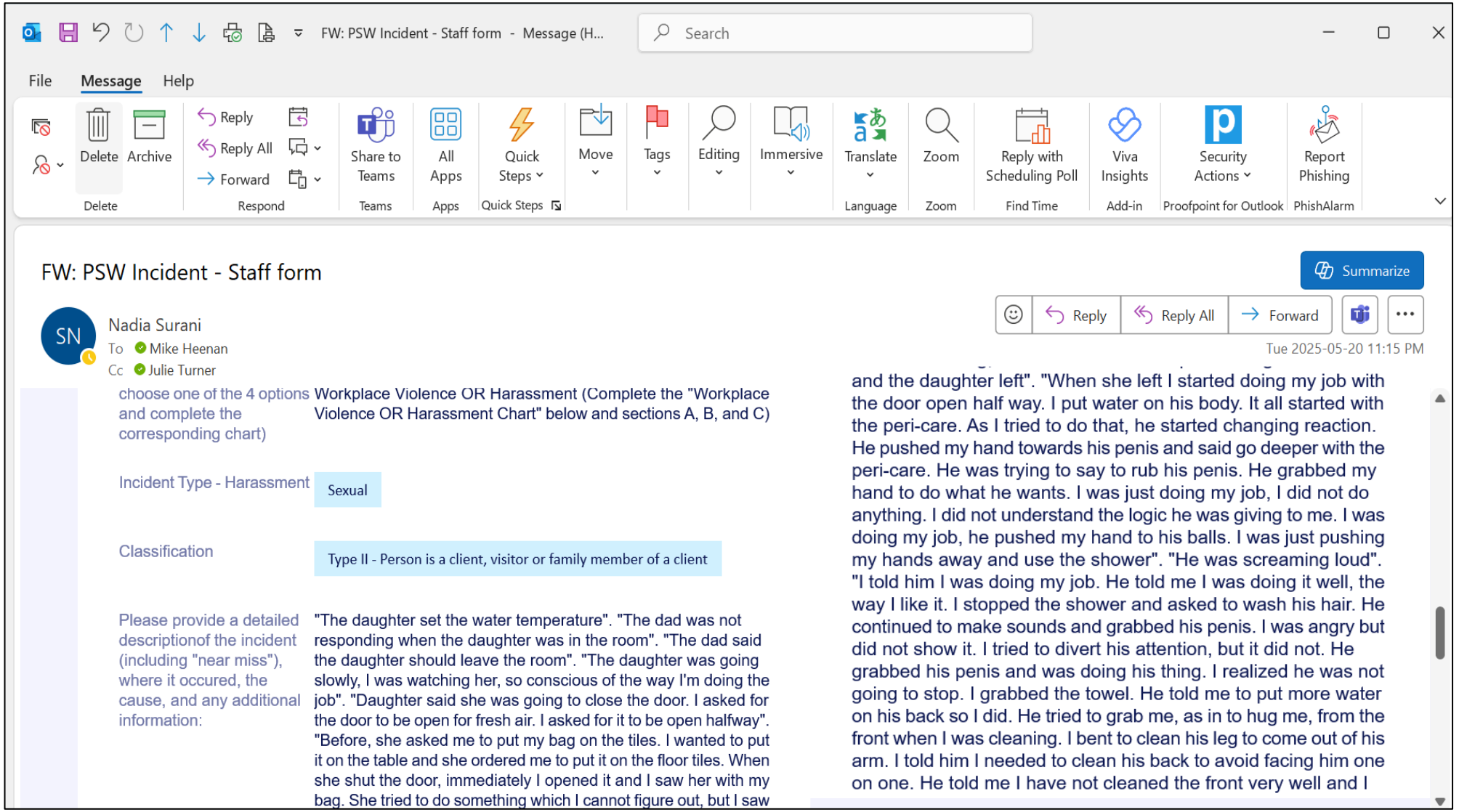
Sample Incident: Physical



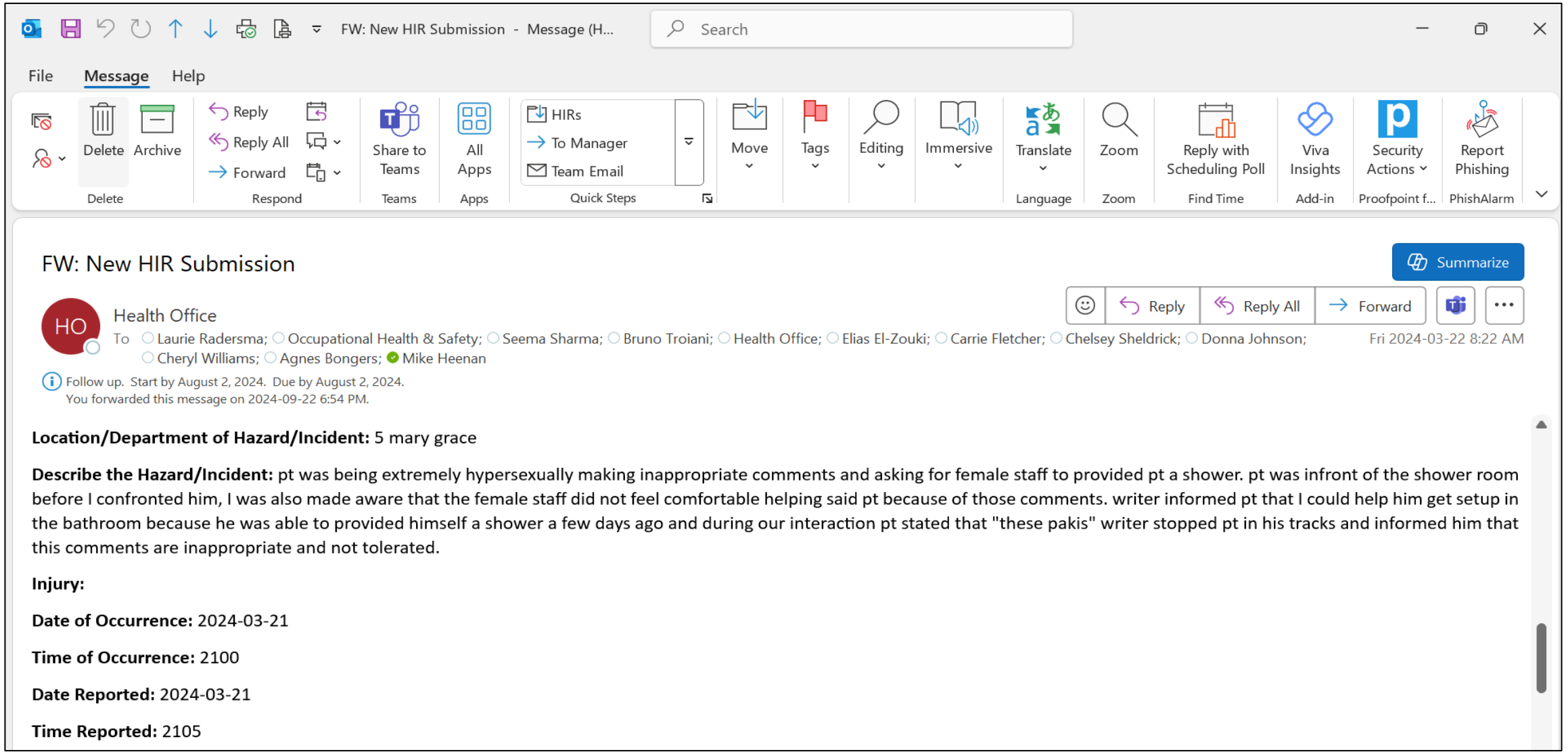
Sample Incident: Sexual Behaviour



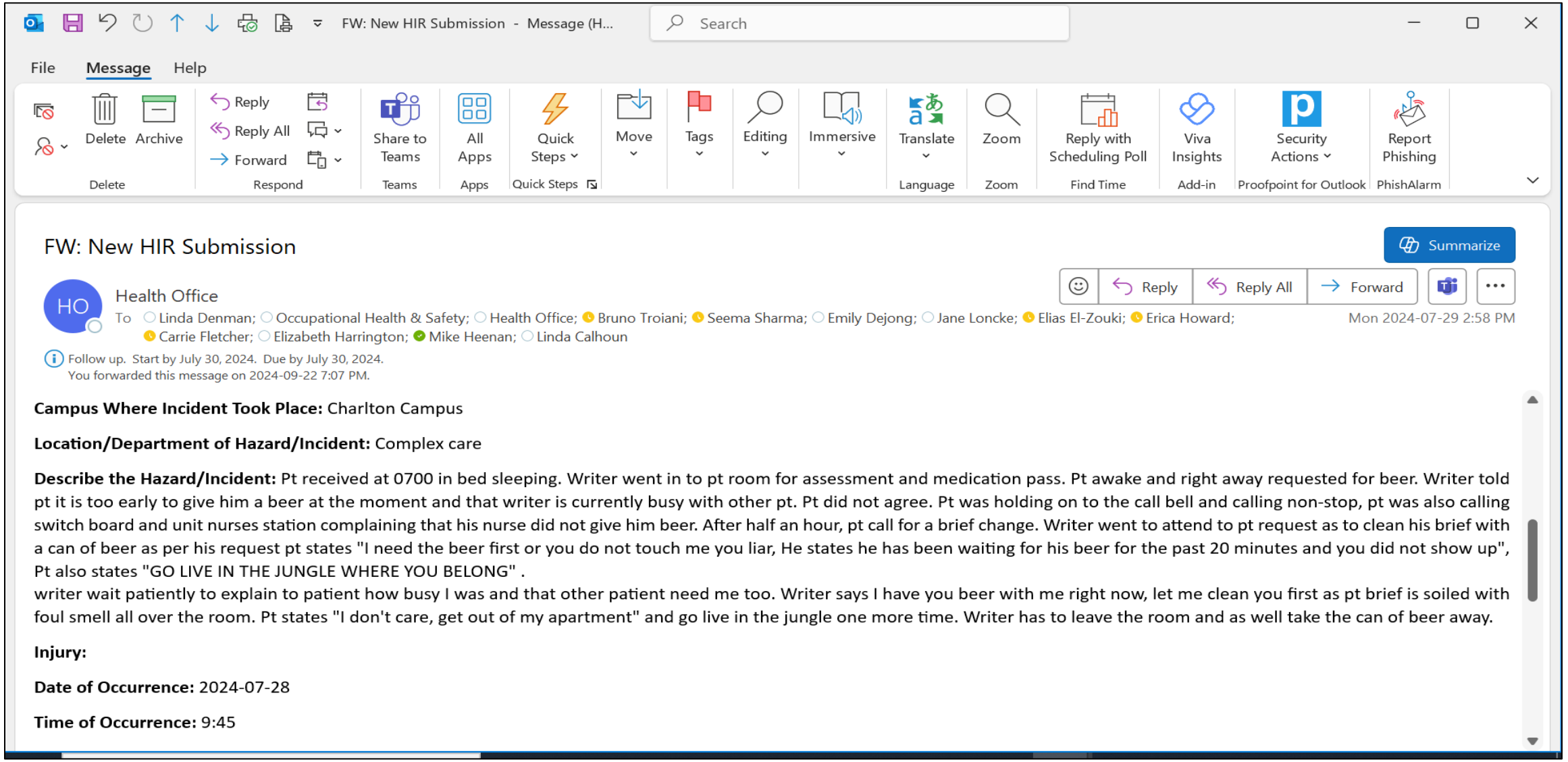
Sample Incident: Sexual (Home Care)



Sample Incident: Racism



Sample Incident: Racism



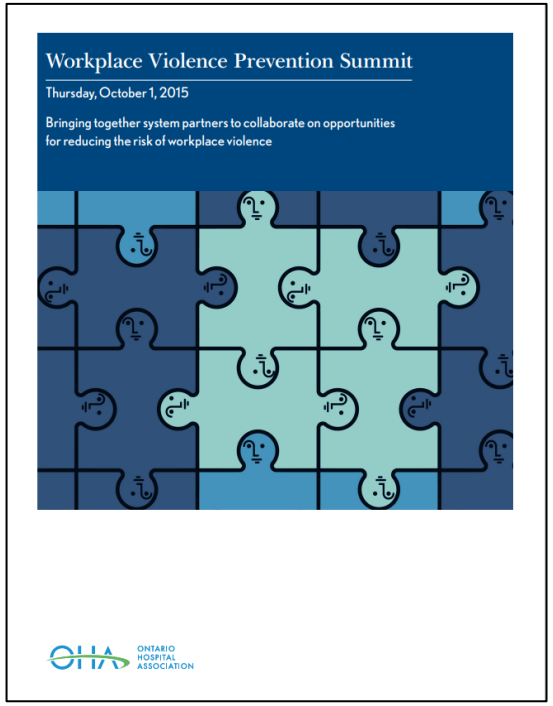
And this happened … two weeks ago

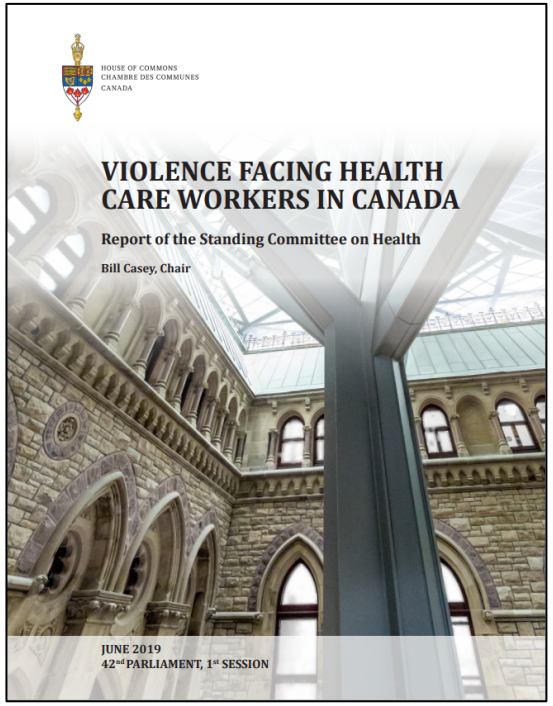
1. Apologize to you ladies in advance.
2. But you fucking bastard.
3. You crippled me in 2019.
4. You've done nothing to remedy my problem.
5. Your such a piece of dog shit.
6. Why did I have to come to the hospital for all that pain, no idea.
7. You've done nothing to remedy my problem.
8. You piece 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.

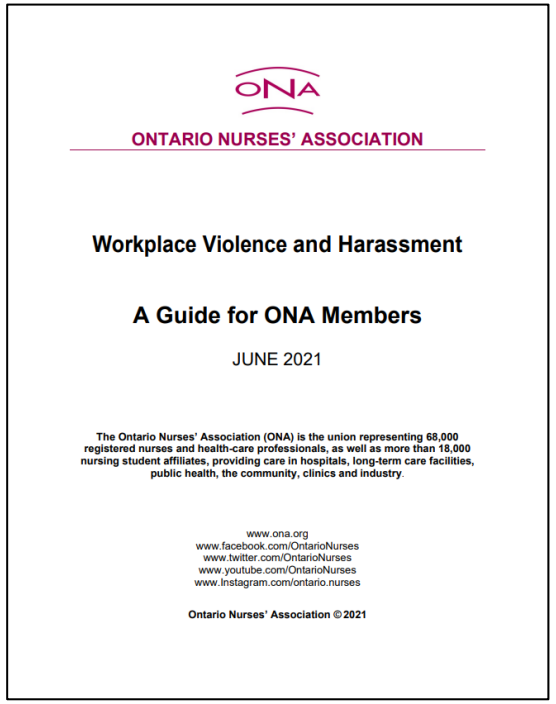
And my staff tell me …

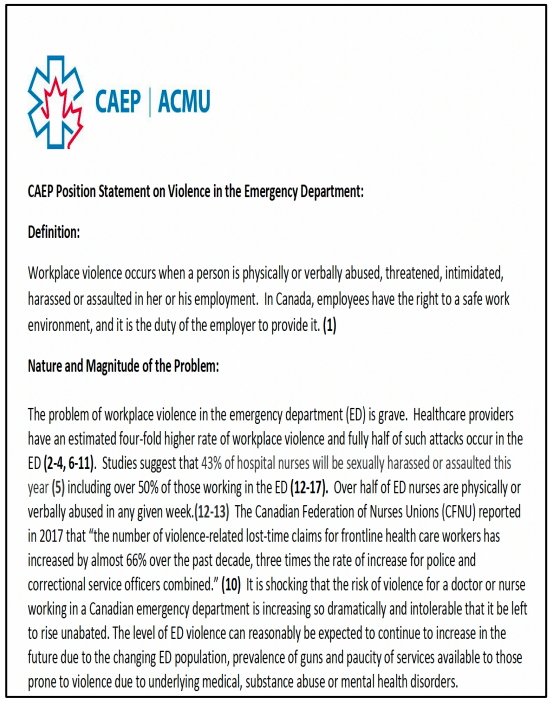
We Tried Before. So how did we still get here?

1. This isn't a new issue.

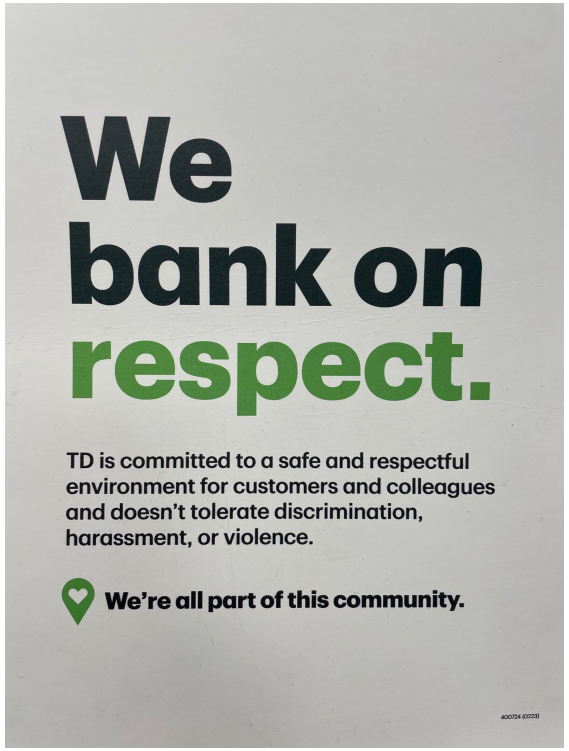


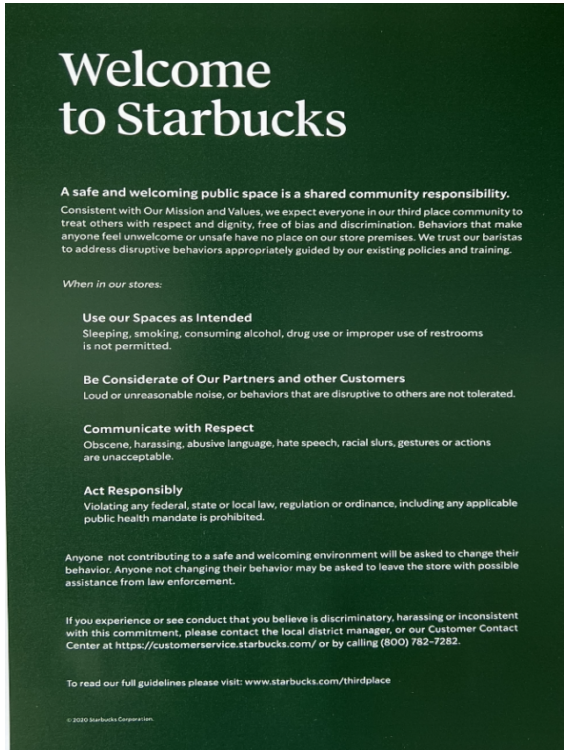






2: Violence & Incivility are a broader societal problem.





But unlike these companies, we cannot refuse service

Source: [Why Is Everyone So Angry? We Investigated. - The New York Times]

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.

Naik H, Murray TM, Khan M, et al. Population-Based Trends in Complexity of Hospital Inpatients. *JAMA Intern Med.* 2024;184(2):183–192. doi:10.1001/jamainternmed.2023.7410

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

Ninan, R. J., Cohen, I. G., & Adashi, E. Y. (2024). State approaches to stopping violence against health care workers. *JAMA*, *331*(10), 825-826. doi:10.1001/jama.2024.1140

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.

American Hospital Association (2023). The Burden of Violence to U.S. Hospitals.
Jones, L., & Quigg, Z. (2024). *Costs of Violence to the NHS in England in 2021/22.* Liverpool John Moores University.
Butler, N. et al. (2025). *Work-based Violence, Harassment, and Abuse Towards NHS Staff in England.*

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
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Eli 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.[2] 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 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]

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

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.[3]

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

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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**

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 Reynolds[2], Trevor Hanagan[2], Jennifer Haines[2], John Shannon[2], Laura Danielle Pozzobon[2,3], Yasemin Sarraf[2], Sam Sabbah[1,2], Sahand Ensafi[2,4], Natasha Bloomberg[2], Jaswanth Gorla[1], Brendan Singh[2], Lucas B. Chartier[1,2], Marnie Escaf[2], Diana Elder[2], Marc Toppings[2], 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.

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Full list of author information is available at the end of the article

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

ONTARIO HOSPITAL ASSOCIATION

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

Double down on DEI

- Data Collection
- Racism and Sexual Incident Leadership Response Team

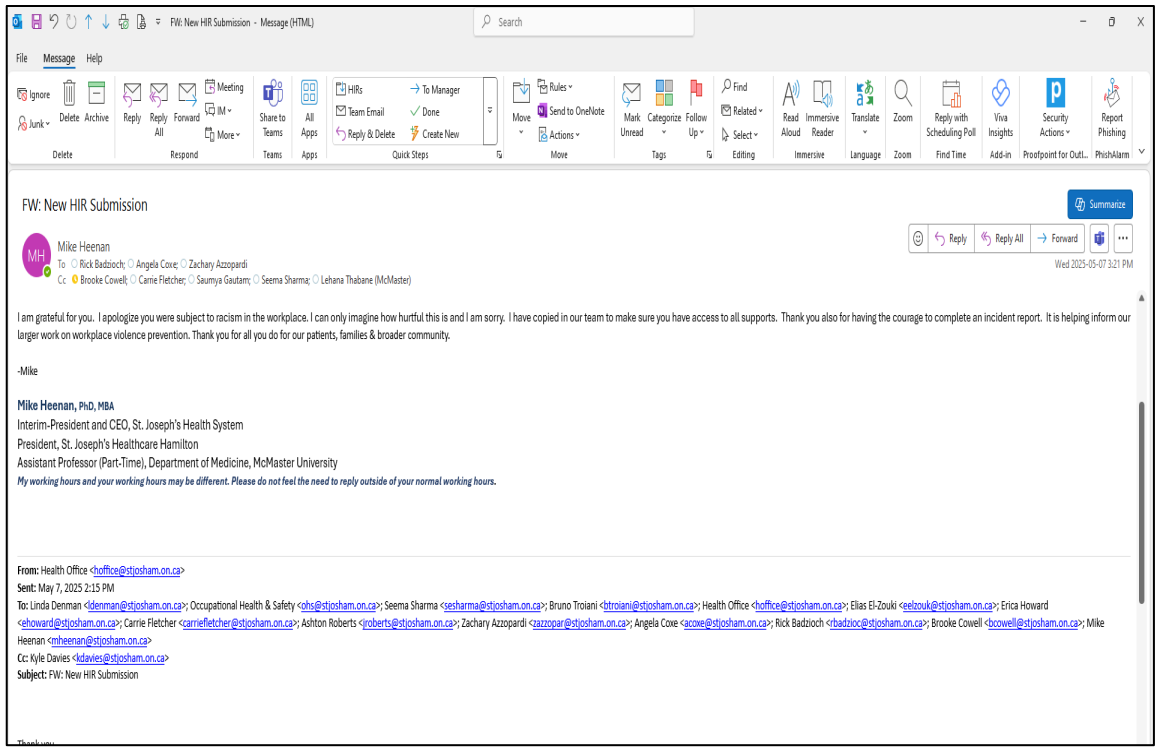
Addressing Zero Tolerance

- Humanizing the experience
- Document in Chart
- Legal options
- Words matter – "It's Not Okay"

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

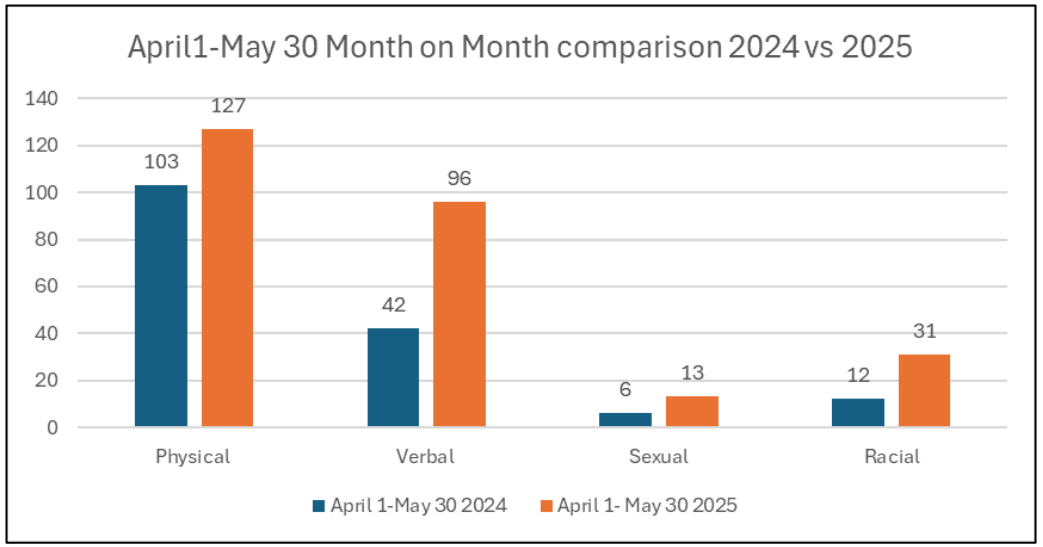
Local Leadership; Occupational Health DEI Team; Security; Unit Managers

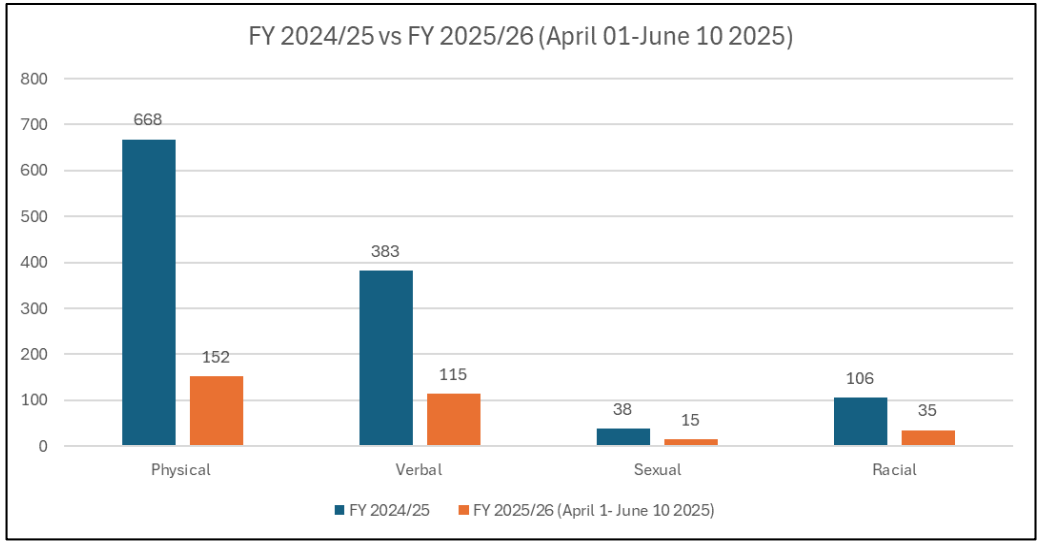
Are alerted & respond with any and all supports staff desires

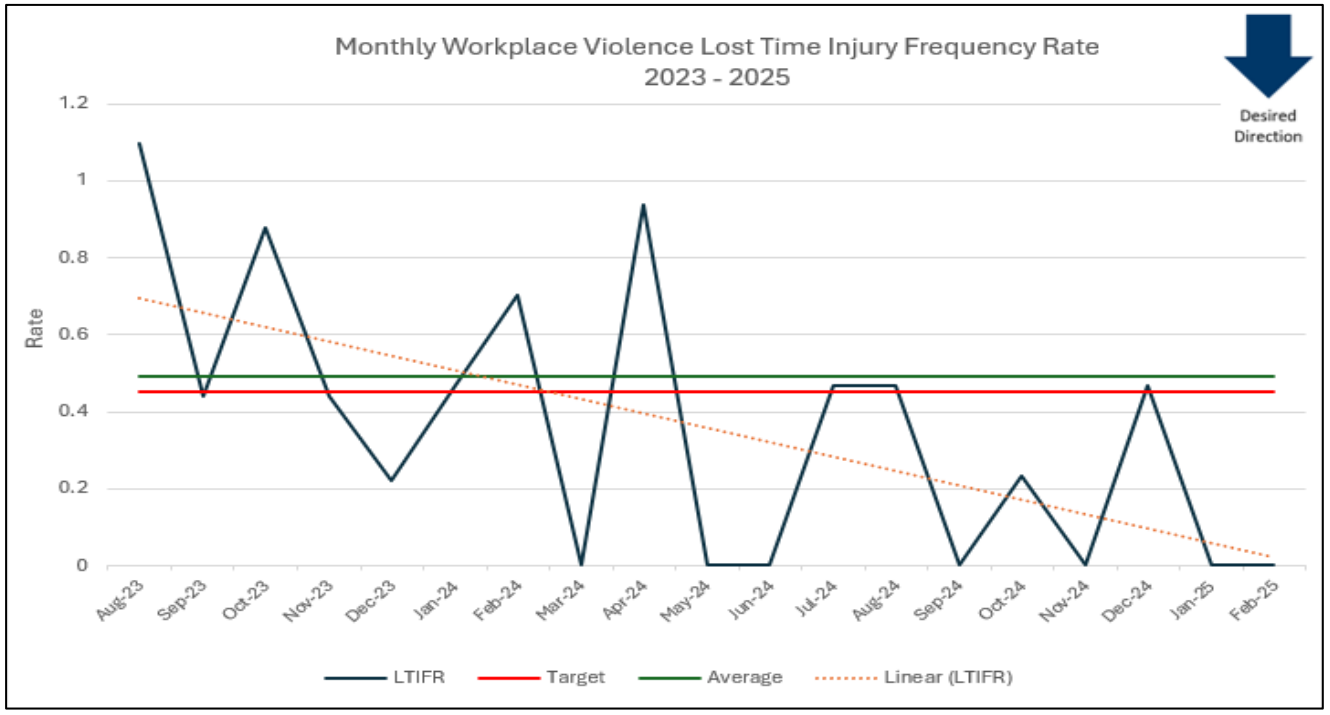
A Pivot on Our Campaign: We do tolerate

A Pivot on Our Campaign: Speak Plainly

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.

Consider **B.R.I.E.F**

Be focused on your task
- Focus solely on holding the limb, avoid assisting with other tasks
- Maintain awareness of patient behaviours

Respect dignity and establish therapeutic rapport
- Obtain consent
- Explain procedure to patient
- Maintain patient privacy

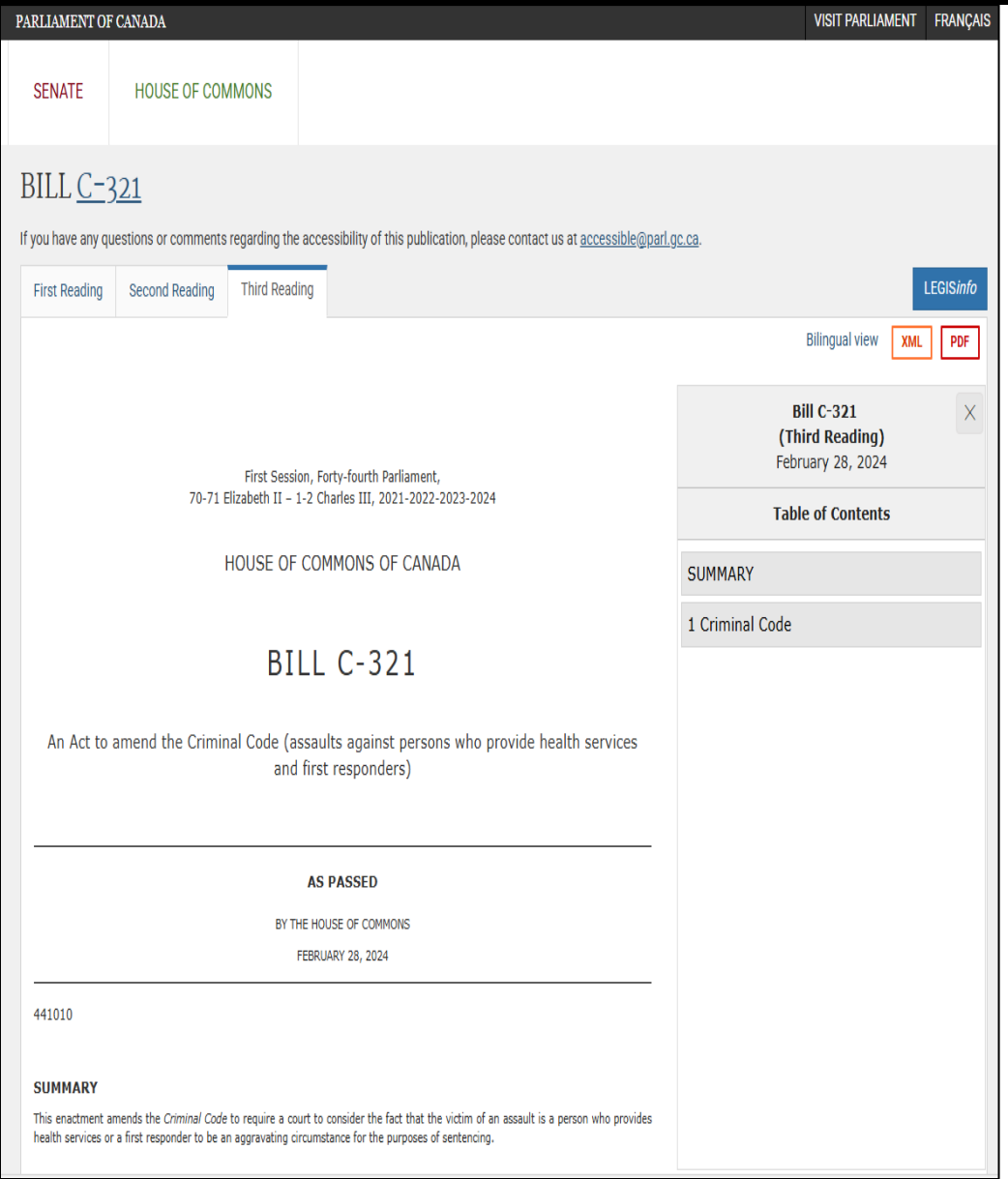
Implement CPI skills
- Hold limb above and below a joint
- Reinforce safety
- Communicate with team member during safe rolling, holding, and releasing hold
- Swap out if unable to maintain hold

Ergonomics
- Stay close to your work
- Maintain neutral posture
- Avoid bending- raise height of bed
- Avoid twisting- face your work
- Engage core muscles
- Use legs and weight shift

Follow plan
- Follow patient care plan
- Follow Infection Control protocols when performing care
- Follow safe disposal i.e. cytotoxic waste

Our Call to Action

Our Call to Action



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SENATE | HOUSE OF COMMONS

BILL C-321

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

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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 andCriminal Code when appropriate
- ***Support the reintroduction & passing of Bill C-321 (Criminal Code amendment)***