

Domain: Care

Veiligezorg

(Safe Care)

Outline:

Veiligezorg is a project aimed at preventing aggression through joint efforts with the police. The project started at the Westfries Gasthuis in Hoorn and has since expanded into an integrated approach to aggression. All hospitals in the Netherlands as well as a number of other care institutions participate in the project.

Veiligezorg teaches employees how to analyse problems in their departments and to design appropriate measures. The project also devotes much attention to cooperation with the police, municipal governments and the legal system.

Veiligezorg has been implemented by Stichting Arbeidsmarkt Ziekenhuizen (StAZ) since 1 January 2005. StAZ is a collaboration of social partners in the hospital industry. Veiligezorg has won the *European Good Practices Award in Safety and Health at Work* among other awards.

As of 2020, a similar prevention project has been implemented for general practitioners, so the security policy for hospitals and general practice centres resembles each other.

Problem and risk analysis:

Every hospital worker must know some colleague who has experienced verbal and/or physical aggression. Many incidents of aggression occur in emergency, psychiatric, paediatric and obstetrics departments as well as at reception desks.

Incidents are difficult to measure. This is partly due to the fact that employees' attitudes towards aggression vary: some employees accept more than others.

Furthermore, people do not always report incidents if they have the feeling that nothing will be done with the report.

Approach objectives:

Veiligezorg has three objectives:

- To fight aggression
- To create safety
- To improve working conditions in care facilities.

Target groups:

Employees, patients, and visitors.

Context:

The methodology can be used throughout the care industry. For example, it is also used in rehabilitation centres. The project can also be adapted for use by other organisations, e.g. schools.

The [Dutch] Occupational Health and Safety Act (*Arbowet*) is the legal framework within which the activities of Veiligezorg are carried out.

Organisations are legally required to develop policies aimed at preventing aggression and violence against employees. Veiligezorg complies with these OHS requirements.

Results:

The Veiligezorg project in hospitals:

- Improves employees' feeling of safety.
- Makes employees more aware of their own limits and their own roles when faced with aggression.
- Improves co-operation with the police.

Hospital Incident Registration System

Accurate incident registration is an essential element of Veiligezorg. This resulted in the development of the Hospital Incident Registration System [*Ziekenhuis Incident Registratiesysteem (ZIR)*], a web-based application used for the central, consistent and safe registration of incidents. The annual figures of the Hospital Incident Registration System (ZIR) for 2006 showed a decline in the rate of incidents involving physical violence in 2006. Individual departments are experiencing fewer incidents of violence and employees indicate that their feeling of safety has improved.

Update 2020: the ZIR does not exist anymore. All hospitals now register incidents in their security management system.

Starting points / Vision

Veiligezorg uses the following starting points:

People are the centre of focus

Employees must learn to include safety in their thinking process. They get something in return for their effort. Quick, effective feedback on the action taken in response to their reports will help to ensure continued support for the project. Talks are conducted with patients (patient organisations) – not only *about* them, but also *with* them. After all, patients will also benefit from Veiligezorg.

Care is the first matter of importance

While safety is the main theme of this project, care continues to be the first matter of importance. People in need of urgent medical assistance or acute mental health nursing will never be turned away. The legal duty to provide care remains in full force and effect. Furthermore, the project devotes much attention to care for employees: care and aftercare in the event of incidents.

A chain-based approach

This means that the agreements made in connection with this project are applicable from the very start of the aggression until the legal handling of the incident according to criminal or civil law, and full feedback information to the victims.

Bottom-up method

Employee needs are the focus of the project, which indicates that a bottomup method is used. Employees are deeply involved in analysing the problems in their departments, prioritising, designing appropriate measures, and defining a code of conduct as well as rules of conduct. This also ensures that the policy is firmly embedded throughout the organisation. Commitment by the management is obviously indispensable.

Scientific foundations:

Veiligezorg was developed with a vision to which both the care industry and the police contributed. Surveys among visitors provided insight into what they perceive as pleasant and unpleasant during hospital visits. The results laid the foundation for an approach aimed at

providing visitors with solid insight into the procedures used in hospitals. More insight leads to understanding and prevents aggressive behaviour.

Methodology / Mechanism

Veiligezorg uses a tit-for-tat policy embedded in a chain-based approach. Clear agreements are made with the regional police and the legal system about an effective approach towards aggressive behaviour. In addition, each hospital draws up an action plan with architectural, electronic and organisational measures to prevent aggression. A discussion about civic standards and ethics resulting in a code of conduct and rules of conduct is one of the elements of this process.

Veiligezorg is implemented according to the following step-by-step plan:

1. Organisational preparation
2. Problem analysis
3. Policy development
4. Covenant
5. Implementation and evaluation of the developed policy
6. Expanding the project
7. Embedding the project in business processes

Operationalisation:

We recommend allowing the project to gradually 'grow' into the organisation. This will accelerate acceptance of and support for the project. It has also proven to be advisable to initially limit the introduction of the project to a few high-risk departments. Dovetailing with current activities, such as customer orientation and renovation or construction plans, has also proven to be successful.

Guidance / training:

Instruments to support the execution of the project have been developed for each project stage. Together, these instruments comprise the toolkit.

Appointing an internal project manager who is responsible for the execution of the whole process is a prerequisite for successful implementation of Veiligezorg. The Veiligezorg National Team can provide support and guidance to project managers in hospitals during implementation of the project in their respective institutions. The Veiligezorg Manual is available for this purpose. The approach will be explained during the training courses provided to project managers. Veiligezorg is based on the so-called train-the-trainer principle, i.e. a project manager who has completed the training will in turn train colleagues from the same hospital to become project managers. The implementation of the project will take one to two years.

Quality monitoring, process and product evaluation:

The Hospital Incident Registration System provides concrete information on incidents of aggression in hospitals:

- Locations with (the most) incidents
- Nature of violence
- Times of incidents
- Consequences of incidents (absence through illness).

The system administrator in the hospital can follow and monitor the incidents. This not only provides insight into the number of incidents, but also into the nature, facts and consequences thereof. This is an important condition for being able to take targeted action, and it is

indispensable for managers and supervisors. For example, it allows the administrator to contact personnel care, monitor the incident status with the police, and provide internal advice on how to better secure a specific entrance or department, among other things. The advisors of the Veiligheidszorg National Team will then be able to make recommendations, e.g. on how to improve security.

Veiligheidszorg lacks an official quality mark (due to the high costs involved), but issues stickers labelled 'This is a Veiligheidszorg Hospital'. A list of requirements has been drawn up that must be met in order to qualify for this sticker. Compliance with this set of requirements automatically implies compliance with the requirements of the [Dutch] Labour Inspectorate.

Success factors:

Creating internal and external support has proven to be a key success factor. Internal support exists from the moment employees feel involved in the project. Veiligheidszorg is therefore a recurring topic in each progress meeting. This feedback to the shop floor helps to embed the procedure in the organisation. Due to the large number of participant institutions, a great deal of expertise is available and it is unnecessary to keep reinventing the wheel. The project is currently being expanded into such areas as ambulance care, mental healthcare, home care, and sheltered workshops.

At the same time, management must create the necessary preconditions and demonstrate support for the project by making available time and resources. External support must be created with the police, the Public Prosecutor, and municipal authorities. The agreements made with these parties must be laid down in a Covenant.

Failure factors:

If only one person handles the project, the process is likely to fail if that person ceases his or her job.

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