



CODE WHITE

Governance Committee

Annual Report
2023

The Code White Governance Committee

A Message from our Co-Chairs



Welcome to the inaugural annual report of the Code White Governance Committee (CWGC)!

What a journey it has been...As many are aware, TeamUHN has experienced an unprecedented increase in workplace violence in the form of physical violence and verbal violence, including harassment since the beginning of the COVID-19 pandemic. This trend is continuing during the pandemic recovery and stabilization phase. The impact of workplace violence on each member of TeamUHN has been significant and detrimental, especially in our most acute clinical care environments.

Following a significant sentinel event, UHN leadership initiated a large-scale quality improvement project to address, mitigate and improve this situation. One outcome from this work is the implementation of the CWGC which is providing consistent oversight and management of Code White activities and performance at UHN. **(see page 4)**

The interdisciplinary membership is inclusive of key roles within sites and programs, including the high-risk areas, across UHN's care continuum. The passion for this work among all involved is palpable and we look forward to having positive impact on teamUHN. As always, our efforts are also focused on positively influencing the care provided for our patients and their (chosen) family members. **(see page 5)**

The CWGC reports jointly to the Program Medical Director of the Centre for Mental Health and psychiatrist-in-chief, **Dr. Susan Abbey** and the Medical Lead for UHN *Emergency Preparedness (EP)*, **Sahand Ensafi**. We are very grateful to both for their support and guidance as we have been on this learning journey. **(see page 8)**

The *Workplace Violence Prevention Advisory Committee (WPVPAC)*, under the leadership of **Marnie Escaf**, Senior VP-Clinical and **Diana Elder**, VP People and Culture, is where the CWGC formally links into; this is why Christian sits on the WPVPAC committee, representing the CWGC. **(see page 8)**

We would also be amiss not to mention the close connection and interdigitated work with UHN's Safety Services, under the leadership of Director **John Shannon**, UHN Security Operations, with **Trevor Hanagan** leading this team as interim Director in dyad with Christian as his MD Co-Lead, and UHN EP, lead by Sahand Ensafi and supported by his colleague **Paul Beverly**, manager of EP, and our CWGC member and liaison **Natasha Bloomberg**, Senior EP Specialist. **(see page 8)**

From this close collaboration, the Workplace Violence Education Collaboration was stood up and has been instrumental in bringing in the *Trauma-Informed De-escalation Education for Safety and Self-Protection (TIDES)* program to UHN. **(see page 17)**

Thank-you for taking the time to read the report, and we look forward to continuing our focus on trauma-informed, culturally-sensitive and patient-focused code white management while enhancing our strong emphasis on the safety of our shared teamUHN.

Charles Reynolds

G. Christian

Agenda

The Code White
Governance Committee

Collaborations at
UHN

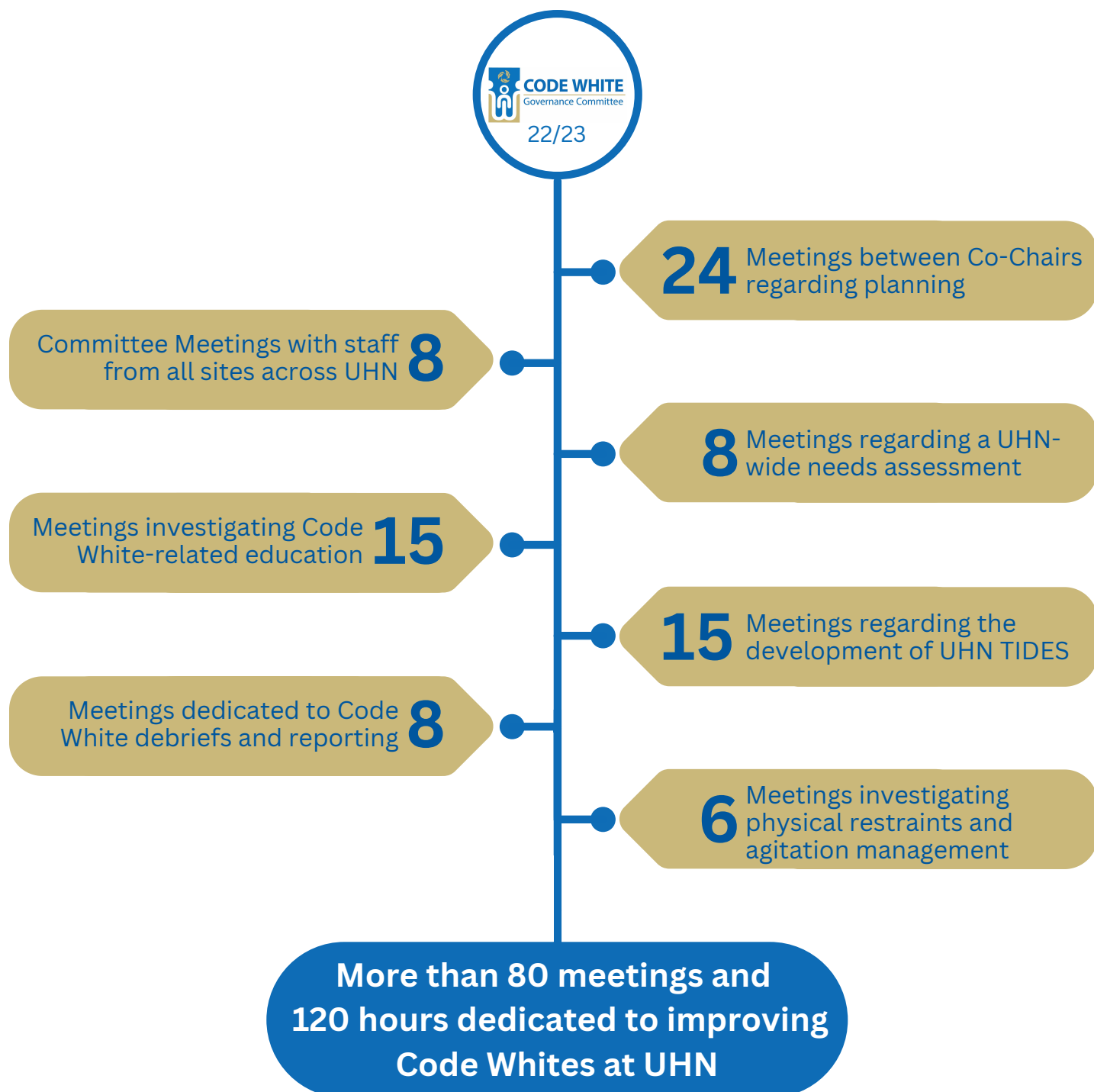
The Life Cycle of a
Code White

Code White Needs
Assessment

Quality Improvement
at UHN

The Code White Governance Committee

Committee Activities 2022/23



The Code White Governance Committee

Committee Members

Committee Membership	
Christian Schulz Quach	Co Chair
Charlene Reynolds	Co Chair
Manu Agnihotri	Physician Assistant, Emergency Medicine, TGH & TWH
Nathan Balzer	Physician, Emergency Medicine, TGH & TWH
Natasha Bloomberg	Senior Emergency Preparedness Specialist, UHN
Edna Bonsu	Clinical Nurse Specialist, CL Psychiatry, TWH
Aideen Carroll	Advanced Practice Nurse Educator, Mental Health, UHN
Maritza Carvalho	Manager, Professional Practice for Oncology, Blood Disorder & Supportive Care, PM
Trevor Hanagan	Director of Security Operations, UHN
Linda Liu	Clinical Nurse Specialist, CL Psychiatry, TGH
Brendan Lyver	Research Analyst, Security Operations, UHN
Maggie Mercer	Director, People and Culture, PM
Maria Nelson	Director of Professional Practice, UHN
Martin Phung	Supervisor, Security Operations, PM
Nicole Sandison	Outpatient Service Manager, Program Services, TRI
Rickinder Sethi	Physician, QI Co Lead, Security Operations, UHN
Cheryl Simpson	Manager, Program Services, TRI
Yehudis Stokes	Clinical Nurse Specialist, Psychosocial Oncology, PM
Carl Valentine	Manager, Security Operations, TWH
Michael Wong	Operations Manager, Pharmacy, UHN

The Code White Governance Committee

Expert Narratives

The Code White Governance Committee (CWGC) is co-lead by **Dr. Christian Schulz-Quach**, Staff Psychiatrist at UHN working with Consultation/Liaison Psychiatry – Palliative Medicine, Psychosomatic Medicine and Medical Psychotherapy and **Charlene Reynolds**, the Clinical Director for Centre for Mental Health and Allied Health.

The CWGC brings together multiple specialized members of TeamUHN to collaborate proficiently surrounding Code Whites within the organization. **Maggie Mercer** is the Director for People Consultants for Princess Margaret Cancer Centre. Maggie is a seasoned and results-focused human resources professional. Recognized for developing and implementing best practices in Human Resources that deliver superior services to her client groups. **Maria Nelson** is the Director of Professional Practice for the Emergency Department, Medicine, Family Health Team, Mental Health Program, Krembil Brain Institute, and MSNICU. She brings with her a strong knowledge-based Leadership background and years of experience as a Psychiatric nurse.

Physicians and medicine teams' representation has provided excellent advanced perspectives contributing to evidence-based interventions. **Dr. Rickinder Sethi** is a Psychiatrist and Co-Lead for UHN Security's WPV Quality Improvement Project. With his interest in creating a safe environment for everyone at UHN, he utilizes QI initiatives to understand the multi-level needs of TeamUHN, our patients and their families so that we can provide data-driven solutions for optimal care.

Dr. Nathan Balzer is an emergency physician working as the emergency department (ED) representative on the CWGC. He comes to the committee as a physician with a nursing background in addition to Quality Improvement and Patient Safety expertise. **Manu Agnihotri** is a Physician Assistant for Emergency Medicine at both Toronto Western and Toronto General Hospital. Working in the ED, he frequently encounters Code Whites and his exposure to these situations provides a front-line viewpoint to the CWGC. Manu understands that Code Whites have an immense emotional and psychological impact on staff and patients; there is ample room for improvement and standardization which has motivated him to be apart of the CWGC to illicit a positive change.

With UHN having multiple sites with different needs, it was important to have representation encircling the variety of perspectives. **Cheryl Simpson** is the Program Services Manager for the Specialized Dementia Unit, Geriatric Mental Health Outreach, & Virtual Behavioural Medicine. She brings to the table, the understanding that this is an opportunity to improve the delivery of care provided to our patients through collaborative participation of committee work advancing practices and processes around Code White management. **Nicole Sandison** is the interim Program Services Manager of the Rumsey Neuro Outpatient Services at Toronto Rehab. She chose to be a part of the CWGC to ensure an outpatient voice is represented in the recommendations. Although Code Whites are less frequent at Toronto Rehab, verbal escalation does occur in these areas and staff have a strong desire to be prepared.

The Code White Governance Committee

Expert Narratives

The CWGC has representation by Advance Practice Nurses. **Aideen Carroll** is the Advanced Practice Nurse Educator for the Center of Mental Health. She provides education at the point of care and has led Code Whites including taking the role of the Code White Emergency Response Team Leader while working in England. **Yehudis Stokes** is the CNS with the Psychosocial Oncology team at Princess Margaret Cancer Centre. Yehudis brings expertise related to trauma-informed care and to implementation planning within healthcare settings. Yehudis hopes to contribute to the development of physically and psychologically safe and equitable environments of care, for patients, caregivers, and providers.

Linda Liu and **Edna Bonsu** are the Clinical Nurse Specialists with the Consultation-Liaison Medical Psychiatry teams at TGH and TWH respectfully. They actively support Code White management as well as psychiatric and behavioural management on the inpatient milieu. Linda is passionate about integrating trauma-informed care principles and building staff capacity to proactively address patient concerns, which can enhance psychological safety and hopefully alleviate antecedents to behavioural escalations in care. Edna is dedicated to the improvement of Code White responses and brings her first hand expertise as a Psychiatric Nurse currently supporting Code White management at TWH incorporating a trauma-informed lens.

Michael Wong is the TG and TW Pharmacy Operations Manager and oversees the medication management systems at these sites including Pyxis Medstations, sterile compounding and emergency medication kit support. He has interest in improving medication safety practices at UHN and brings experience and perspective from the UHN Safe Medication Practice Committee.

Maritza Carvalho is the manager of professional practice at the Princess Margaret Cancer Centre. **Natasha Bloomberg** is the Senior Emergency Preparedness Specialist and liaison for the Code White Governance Committee.

Our Security team additionally has taken initiative and has brought their first hand expertise to supporting the CGWC. **Trevor Hanagan** is the Interim Director of Security Operations, CONNECT and Fire & Life Safety. Trevor's team is responsible for responding to and managing Code Whites across the organization and with this he recognizes there is a lack in supports which are imperative in enhancing and providing trauma informed approaches to staff, patient and visitor safety.

Carl Valentine is the Manager of Security operations at TWH. He is interested in the overall safety of the UHN community and supports the CWGC as a security professional as it is vital to share experiences and discuss strategies to improve our responses across UHN. He utilizes his participation as an opportunity to collaborate with our partners and understand their roles, techniques and strategies. **Martin Phung** is the supervisor for Corporate Security bringing years of expertise from a security operational lens. **Brendan Lyver** is a Research Analyst with UHN Security and the Department of Supportive Care at PM. He utilizes his research background, and knowledge base to maximize the outcomes derived from the QI projects.



Collaborations at UHN

Connecting with Functional Units involved in Code Whites

The Code White Governance Committee reports to **Dr. Susan Abbey**, psychiatrist-in-chief for the Centre for Mental Health, and **Sahand Ensafi**, Medical Lead for Emergency Preparedness. The Code White Governance Committee interacts with multiple functional units including UHN Emergency Preparedness, Facilities Management - Planning, Redevelopment and Operations (FM-PRO), Safety Services, Security Services, the Quality of Care Committee and the Workplace Violence Prevention Advisory Committee. As outlined in the Life Cycle of a Code White (**see page 9**), Code Whites are a complex process that involves multiple functional units at UHN. Thus engagement with multiple stakeholders from key functional units is imperative to providing UHN with a comprehensive approach to improving the management of Code Whites.

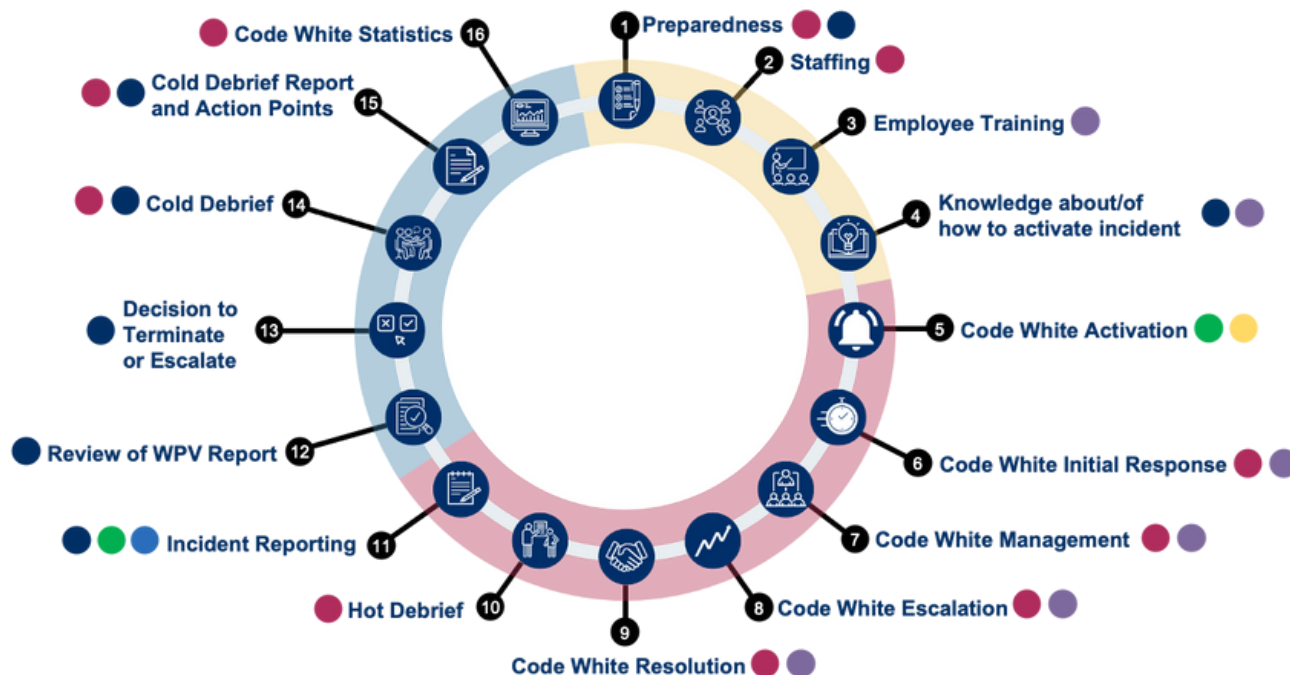
There is a strong need for education for UHN clinicians, employees, learners, and volunteers which was demonstrated in our needs assessment (**see page 11**). In response, the Code White Governance Committee formed a unique partnership with UHN Safety Services and Security Services to create the Workplace Violence Education Collaboration to address this need. These three functional units each provide a unique perspective and collaboratively strive to provide UHN with an education that emphasizes prevention, de-escalation, and agitation management from a trauma-informed lens to keep our patients and staff safe.

Functional Units Addressing Workplace Violence at the University Health Network

Code White Governance Committee (CWGC)	<ul style="list-style-type: none"> composed of clinical and academic experts in the field of agitation management provide guidance and structure required to streamline and optimize CW management
Workplace Violence Prevention Advisory Committee (WPVPAC)	<ul style="list-style-type: none"> put in place by the UHN executive leadership forum to address WPV across UHN
Workplace Violence Education Collaboration (WPVEC)	<ul style="list-style-type: none"> collaboration between Safety Services and Security that is providing staff, learners and volunteers with education related to WPV and CWs
Quality of Care Committee	<ul style="list-style-type: none"> involved in reviewing and improving the quality of care provided at the healthcare institution
Safety Services	<ul style="list-style-type: none"> prioritizes and monitors the safety of UHN staff and patients
Emergency Preparedness (EP)	<ul style="list-style-type: none"> supports UHN in preventing, mitigating, preparing for and recovering from emergency events that impact staff, patient and visitor safety and the delivery of critical services
Facilities Management Planning, Redevelopment and Operations (FM PRO)	<ul style="list-style-type: none"> responsible for a wide range of tasks related to maintaining the physical environment at the healthcare institution
Security Operations	<ul style="list-style-type: none"> responsible for providing UHN staff and patients with protection, security and support

The Life Cycle of a Code White

Using a Journey Map for Process Clarification



Legend

● Code White Governance Committee
● UHN Emergency Preparedness

● UHN Workplace Violence Education Collaboration
● UHN Safety Services

● FM-PRO
● Quality of Care Committee

The life cycle of a Code White (LCCW) was developed through the application of the SEIPS 101 framework to create a journey map that outlines the steps and involvement of specific functional units in Code White incidents. This task necessitated extensive engagement with diverse stakeholders across UHN. The LCCW has allowed our team to operationalize the complexity of CW quality improvement.

The LCCW is a complex process that contains 16 steps and multiple functional units at UHN that are involved in addressing Code Whites. In concordance with the SEIPS 101 framework, these steps were identified by investigating structures, processes, and outcomes. For the purpose of the LCCW, staff will refer to all clinicians, employees, learners, and volunteers.

The Life Cycle of a Code White

Using a Journey Map for Process Clarification

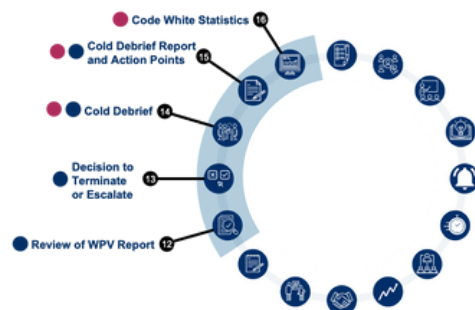


The structural aspect of the LCCW consists of 4 steps involving the CWGC, EP and the WPVEC. The cycle begins with preparedness (step 1), which involves the CWGC and EP. This step consists of ensuring the presence of necessary structural elements to prepare staff for a CW and creating structural changes, when necessary, based on previous CW events. Staffing (step 2) ensures a CW response team and a CW guideline for staff are put in place by the CWGC. Employees will require training (step 3) related to agitation management and de-escalation based on their unique clinical environments. The WPVEC will ensure that staff are provided with the necessary training specific to their working environment. Lastly, staff must possess knowledge of how to activate a CW (step 4), EP and WPVEC prepare staff for knowing how to activate a CW.



The process aspect of the LCCW consists of 7 steps and several stakeholders. Beginning with CW activation (step 5), Safety Services and FM-PRO ensure that there is an alert when staff indicate a CW.

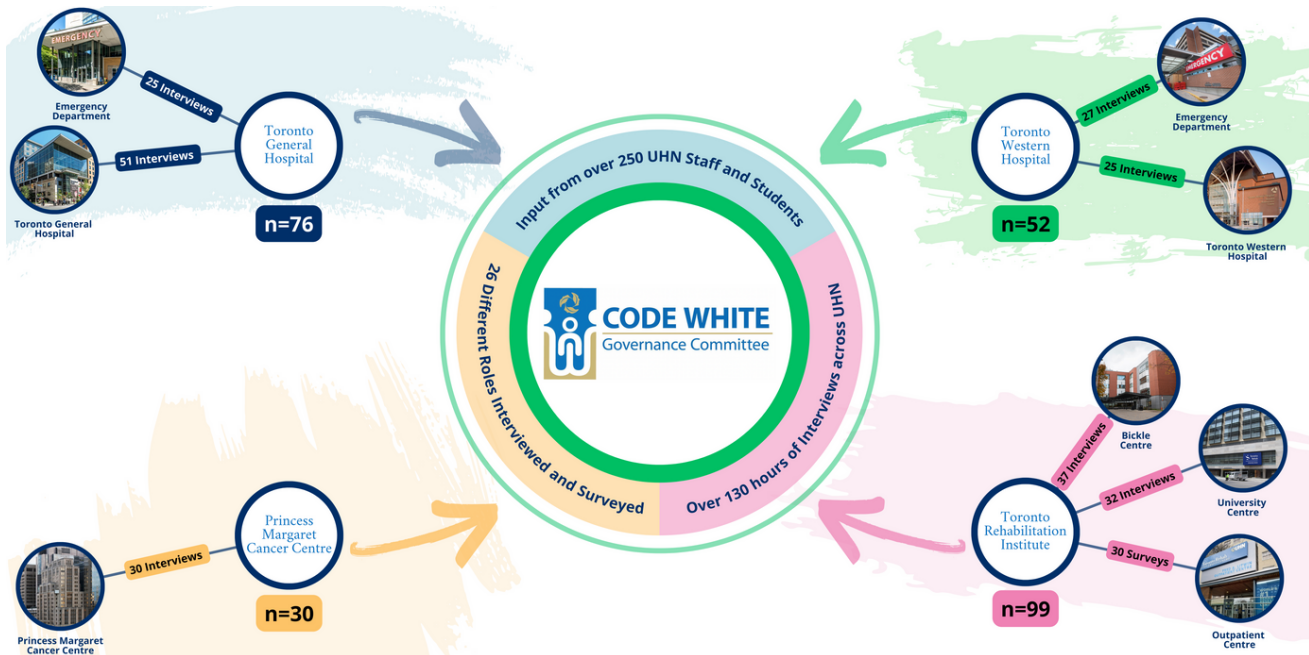
This is followed by the CW initial response (step 6), management (step 7), escalation (step 8) and resolution (step 9). These 4 steps depend on the CWGC and WPVEC to ensure that the proper personnel to assist and manage the situation are present in a timely manner, to de-escalate the situation using the required techniques specific to the situation and reach a resolution. Afterwards, a hot debrief (step 10) is required within hours of the event with all staff involved in the incident. The CWGC will provide guidelines for the debriefing process. The process of a CW will conclude with the submission of an incident report (step 11). EP, Safety Services and the Quality of Care Committee will provide an accessible and convenient method of incident reporting.



The outcomes of the LCCW contains 5 steps and involves EP and the CWGC. Following a CW, EP must review the WPV report (step 12) and make the decision to terminate or escalate the report (step 13). Certain WPV incidents may require regulatory or optional investigation to determine root cause, lessons learned, and whether adjustments are required. If the decision to escalate is made, the CWGC will be involved in providing a cold debrief (step 14) with all staff involved in the incident. Afterwards, a report with action points (step 15) will provide structure on preventing avoidable WPV incidences. Lastly, the CWGC will examine CW Statistics (step 16) to provide feedback and guidance for the functional units involved in the structural aspects of a CW to complete the cycle.

Assessing the Needs of TeamUHN

257 Interviews Across All UHN sites



The needs surrounding Code Whites vary across sites and programs, and are dependent on the frequency and acuity of the incidents encountered. Sites with low incidences of Code White responses (e.g. TRI, PM, outpatient areas) reported less familiarity in activating Code Whites. Areas with high incidences of Code Whites discussed the importance of environmental supports such as panic buttons, increased security presence, and the availability of psychiatric expertise.

Specifically, emergency department clinicians anecdotally highlighted the role of peer support workers to address psychosocial needs, which may perceivably prevent Code White incidents. Clinicians describe a good Code White response as one with a timely execution of interventions, clear roles and responsibilities, strong debriefing support and most importantly, least harm to patients and staff.

Our findings highlight 3 priorities to enhance patient and staff safety.



**Education Needs
of TeamUHN Staff**



**Standardization of
Code White Responses**



**Designated Code White
Expertise and Support**

Assessing the Needs of TeamUHN

257 Interviews Across All UHN sites



Education Needs of TeamUHN Staff

TeamUHN staff identified knowledge gaps in de-escalation and communication strategies, trauma-informed care, Code White activation and response, and mental health competencies. Staff valued education that equips them to prevent Code Whites and act in a proactive manner (e.g. understanding responsive behaviours, care planning). Education should be provided to all staff members, including nursing, allied health, unregulated and non-clinical providers, and physicians. TeamUHN staff acknowledged the variances in Code White incidents, and identified an opportunity to tailor education across sites and programs. Additional learning needs included situational awareness and restraint application.

We need to train with security and everyone trained on situational awareness... I remember in orientation, we did the de-escalation training and that was very useful. Maybe a refresher every so often would be nice. (Staff nurses)



Standardization of Code White Responses

TeamUHN respondents consistently compared and contrasted a Code White response with a Code Blue response. They recommended a standardized Code White response and designated response team with clear, defined roles and integrated debriefing post-incident. One of the gaps identified was accessing standard Code White medications, and staff voiced the benefits of a Code White kit in PYXIS machines.

Staff also expressed a need for routine Code White simulation training that involves all interdisciplinary staff (clinical and non-clinical) in addition to existing onboarding training. Respondents shared that current incident reporting processes are cumbersome, and highlighted the need for an easy and accessible way to file Code White incidents.

A good Code White has a good team with a clear leader, and everyone is given a role that they accept. (Staff nurse)

We have code blues down, even though they are always messy... we know who is coming and who is going. With code whites, we have no clear-cut picture. (Clinician)



Designated Code White Expertise and Support

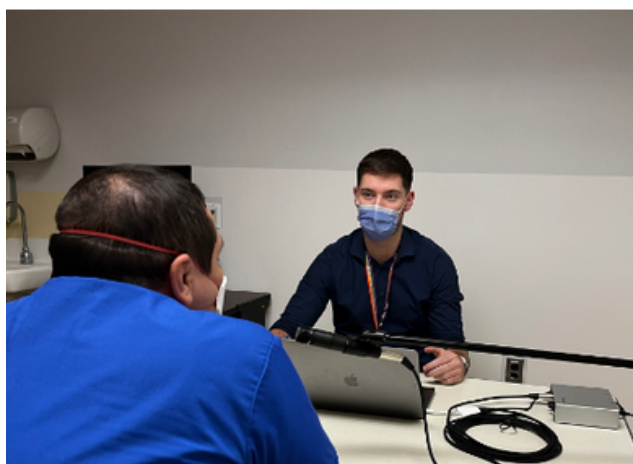
TeamUHN staff expressed the need for designated Code White clinicians who have psychiatric and de-escalation expertise, as they reported feeling safer with psychiatric guidance in risk assessment and intervention recommendations. The debrief process was crucial to TeamUHN staff in developing preventative strategies and care plans, and also facilitating psychological check-ins, as they emphasized the physical, psychological and vicarious trauma experienced in Code Whites. TeamUHN staff greatly valued the role of security in supporting staff/patient assists and Code White responses. Last, TeamUHN staff highlighted the importance of senior leadership recognition of the harms and risks they face, and to continue to support a zero-tolerance approach to violence at the point of care.

[The psych CNS] has always been very helpful and especially with patients who have certain behavioral tendencies to figure out what might either be the triggers or some of the solutions to making sure that we can de-escalate in more effective and less forceful ways. (Medicine resident)

Quality Improvement at UHN

UHN Security Quality Improvement Initiative

UHN Security is currently engaged in a multi-project Quality Improvement (QI) project to address workplace violence at UHN. The UHN Security QI team is utilizing the *Systems Engineering Initiative for Patient Safety* (SEIPS) framework to investigate UHN structures, processes and outcomes related to workplace violence. Through SEIPS, the interdisciplinary QI team has developed a systematic, comprehensive QI framework consisting of **12 subprojects** to monitor and ameliorate the effects of WPV in EDs by 2025.



The Code White Governance Committee has played a significant role in UHN Security's QI project through contributions to multiple sub-projects including identifying quality indicators (project 2), implementing the quality indicators in the form of a dashboard (project 3), conducting qualitative interviews (project 4), implementing the Code White Governance Committee (project 6), implementing a new education intervention (project 8), implementing environmental indicators in the emergency departments (project 9) and updating the code white debriefing process at UHN (project 10).

Quality Improvement at UHN

Wearable Body Cameras



UHN Security Services, under the leadership of interim director **Trevor Hanagan**, has introduced Wearable Video Solutions (body cameras) organization-wide to enhance security, improve accountability, and streamline investigations. This initiative, supported by testing at Toronto General in 2022 and published research, is already reducing aggression and violence in reported incidents. Such cameras also aid in staff training and evidence collection for misconduct allegations.

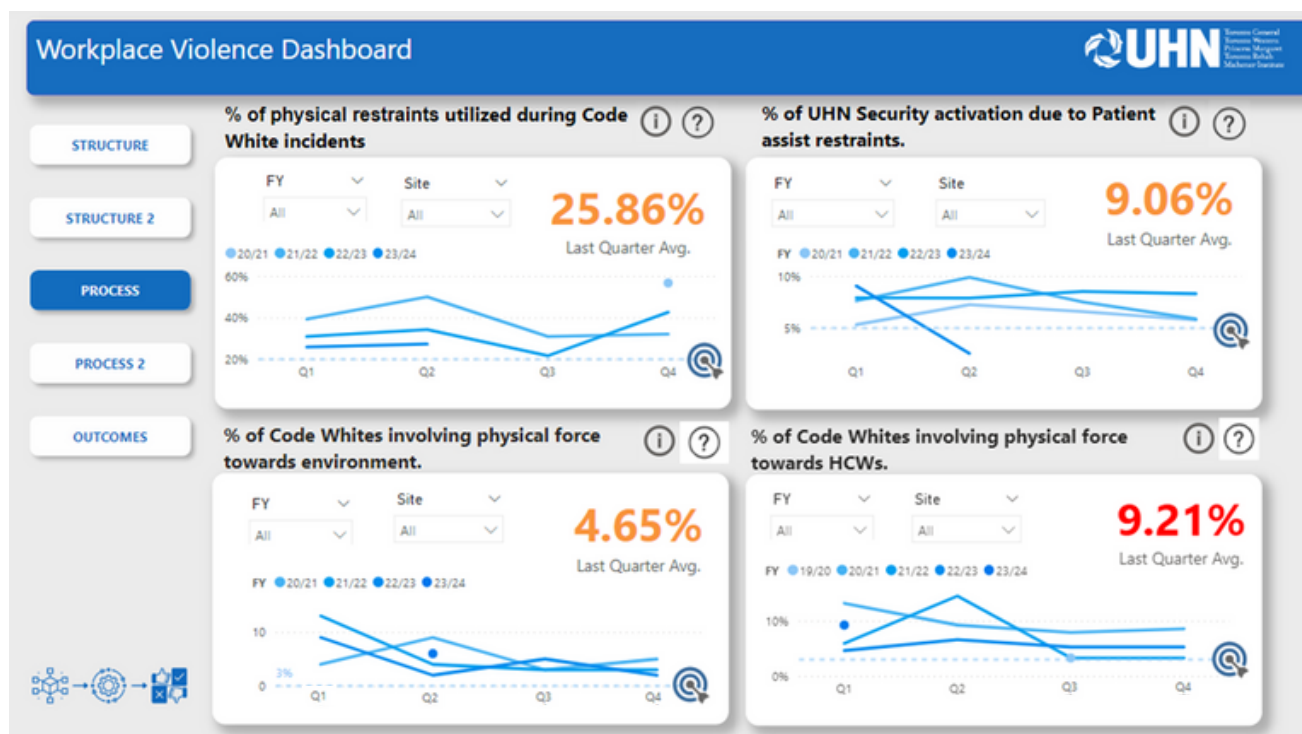
This action step stems from the recommendations of the Workplace Violence Prevention Advisory Board (WVPAB), which was introduced at UHN following a significant increase in violence and incivility within healthcare spaces during the COVID-19 pandemic and recovery phase. Co-led by **Diana Elder** (VP, People & Culture) and **Marnie Escaf** (VP, Clinical).

This board serves as a UHN-wide forum guiding initiatives to prioritize the safety of staff, learners, patients, and visitors. By recording interactions, body cameras can serve as valuable evidence in case of disputes or incidents, aiding in investigations and ensuring a more accurate account of events. These devices also act as a deterrent against potential aggressive or abusive behaviour towards healthcare workers, promoting a culture of respect and accountability. Moreover, body cameras can enhance staff training and performance evaluation, allowing for the identification of areas where improvements can be made.

While the initial focus has been on Emergency Departments (EDs), including doubling security presence in EDs in December, activities are underway across UHN sites. We all share a responsibility to ensure a safer environment for all who come through our doors.

Quality Improvement at UHN

Implementing Quality Indicators at UHN



UHN Security Services and the Code White Governance Committee have collaborated to identify and implement evidence-based quality indicators to measure workplace violence at UHN. A rapid review was utilized to identify 145 evidence-based quality indicators. Afterwards, we engaged in a Delphi Process and carefully selected 51 workplace violence experts from 17 different functional units at UHN. Our Delphi process consisted of 2 rounds of surveys to cut down these 145 quality indicators to 17. These 17 quality indicators were operationalized to UHN and the proper data sources were identified and contacted for each of the indicators.

These quality indicators were used to create a novel workplace violence and code white management dashboard utilizing data from 13 different databases across the organization.

This new dashboard is currently being piloted and will be used to access live information on workplace violence and code white management at UHN to inform ongoing leadership reporting and decision-making processes.

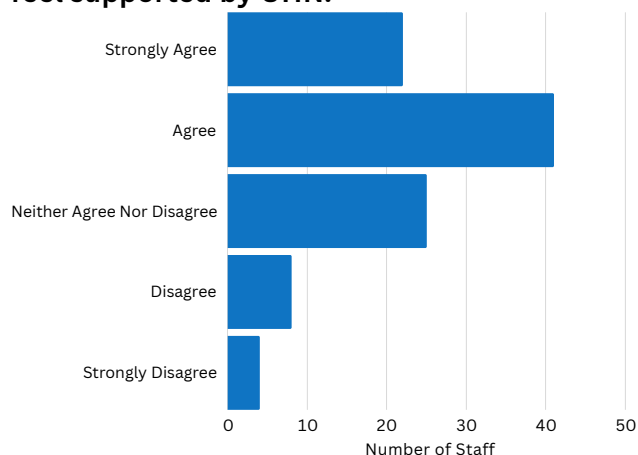


Quality Improvement at UHN

Environmental Indicators for Mutual Respect

In collaboration with UHN Security, 5 WPV prevention signs were posted on the digital screens in emergency department waiting rooms in March 2023. The purpose of these signs is to communicate UHN's zero-tolerance policy and encourage harm reduction and risk minimization in a non-authoritative manner. Significant planning and research went into designing the posters and ensuring that a trauma-informed perspective was evident in the language used in the posters.

Seeing the WPV prevention posters makes me feel supported by UHN.

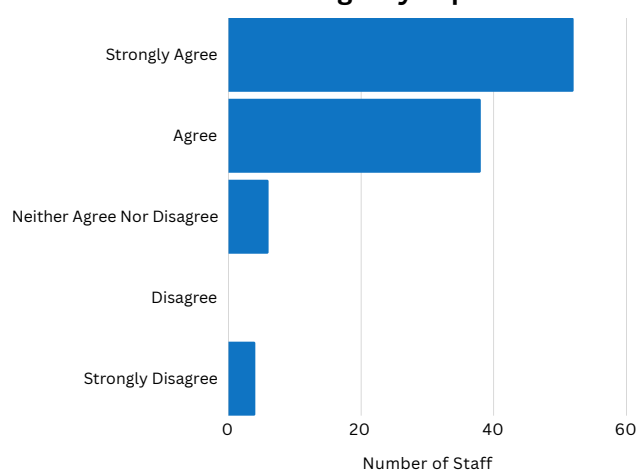


In addition, the survey asked staff whether WPV prevention posters should be placed in more locations across the emergency department. This question received an overwhelmingly positive response as 90% of staff either agreed or strongly agreed the these posters should be placed in more areas of the emergency department. We also received a significant amount of constructive feedback on how these posters can be improved. This feedback will be considered as we continue to fine-tune these WPV prevention posters before initiating an emergency department-wide rollout.



In September, more than 100 emergency department staff, including, but not limited to, nurses, physicians, ward clerks, housekeepers, medical radiation technicians, and security guards completed a survey evaluating the WPV prevention posters. The survey asked staff whether they thought the posters were effective at communicating UHN's zero-tolerance policy, whether seeing the posters made them feel supported by UHN and whether seeing the posters made them feel safer. We received generally positive feedback as a majority of staff either agreed or strongly agreed with the statements.

WPV prevention posters should be placed in more locations across the emergency departments.



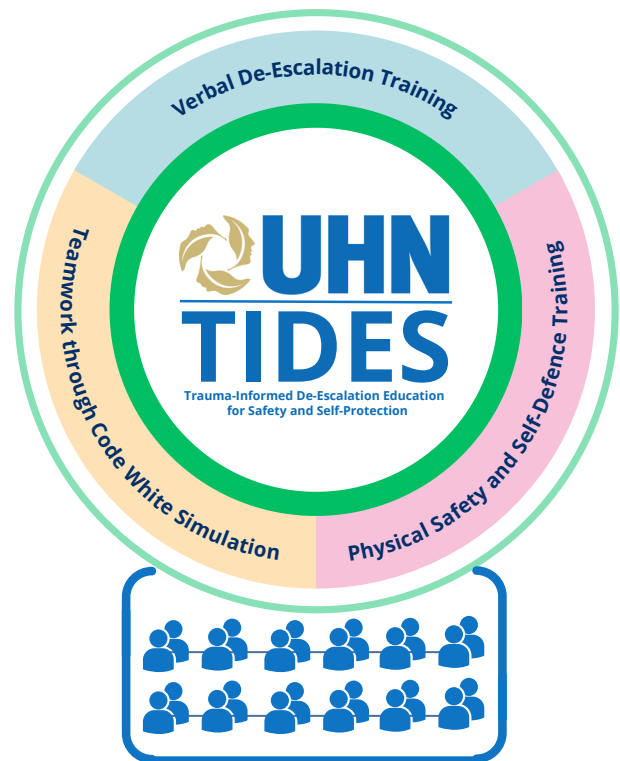
Quality Improvement at UHN

UHN TIDES

In partnership with the Workplace Violence Education Collaboration, the Code White Governance Committee played a significant role in bringing the TIDES program to UHN. TIDES is a first of its kind education program from CAMH that features a unique trauma-informed approach and utilizes simulation training.



The Code White Governance Committee and Workplace Violence Education Collaboration will work alongside CAMH to adapt TIDES to fit the needs of UHN and its diverse patient population. Strategic planning that included a 10-site visit at UHN was completed to assist in the process of tailoring TIDES to UHN.



The feedback received from our UHN-wide needs assessment, specifically, education needs and developing a standardized response, has played a crucial role in program development. A key aspect of TIDES, derived from the needs assessment, is the use of an interdisciplinary dyadic training model. UHN TIDES will feature 12 pairs of trainers, each pair will consist of 1 clinician and 1 security guard. This will provide staff with an opportunity to work alongside other roles, including security so that simulations are more realistic. These 24 positions are now filled and we will begin the train-the-trainer phase this fall as we continue to prepare for a UHN-wide roll out!



CODE WHITE

Governance Committee

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Designed by
Brendan Lyver & Christian Schulz-Quach, 2023