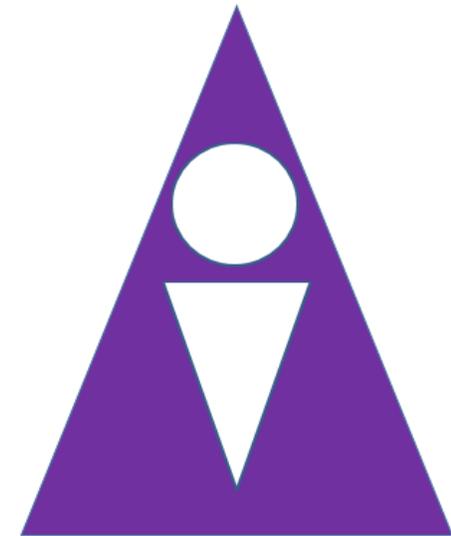
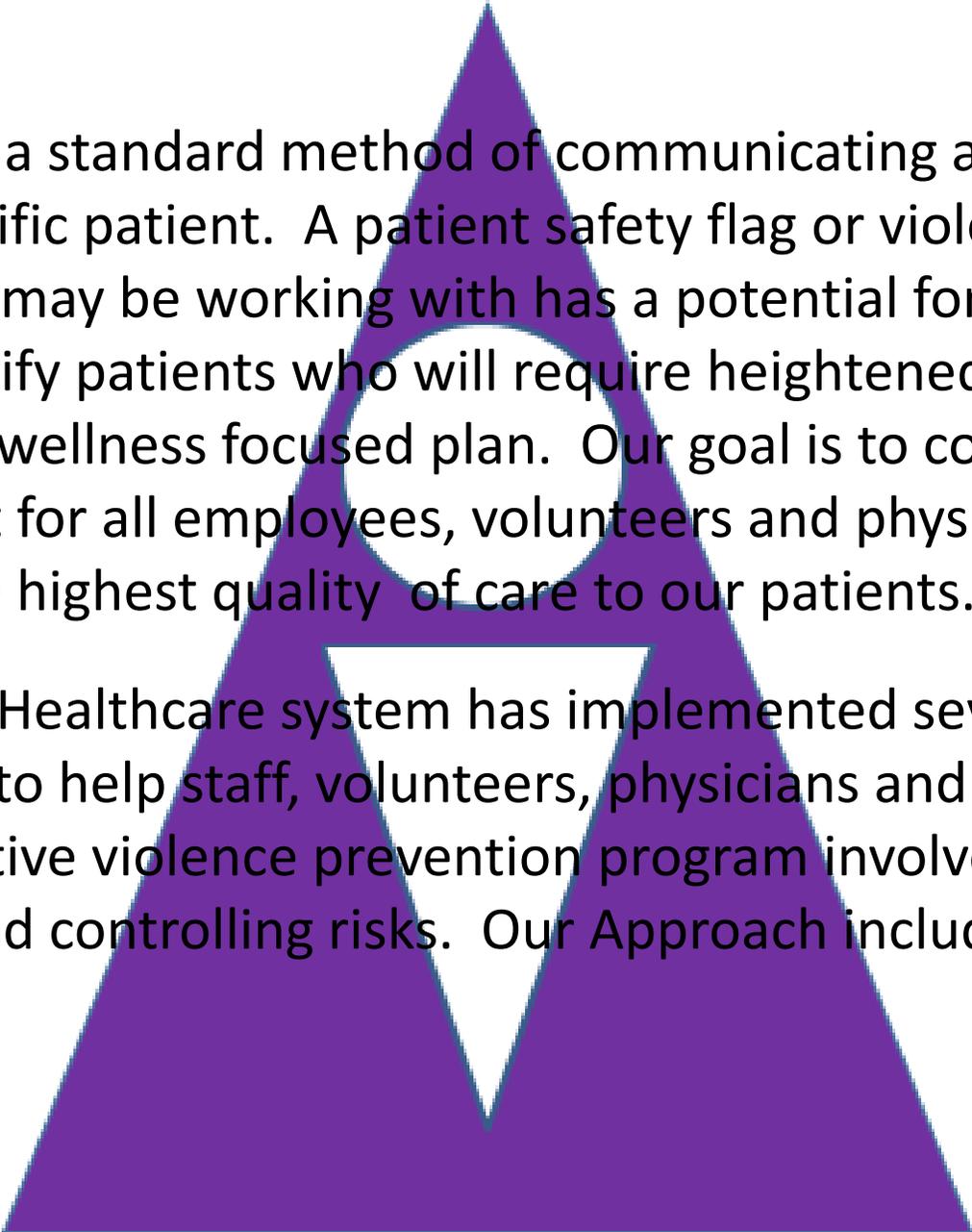


Violence Flagging



Why do we need Flagging

Legislative requirements under the Occupational Health and Safety Act are in place to ensure employers have taken every precaution reasonable for the protection of our workers against workplace violence. If a worker is expected to encounter a person with a history of violent behaviours, the employer and supervisor must disclose this information to protect the worker. As well under the Health Care and Residential facilities regulation, the employer with consultation of the JHSC must implement procedures to minimize the risk of harm. Flagging supports the workers “right to know” about potential hazards and ensures we are protecting workers and providing appropriate information to take and seek preventative action.



Patient Flagging is a standard method of communicating a safety related concern to workers for a specific patient. A patient safety flag or violence flag helps notify you that a patient you may be working with has a potential for violent behaviours. The flag will help identify patients who will require heightened safety awareness while still maintaining a wellness focused plan. Our goal is to continue to provide a safe work environment for all employees, volunteers and physicians while, at the same time providing the highest quality of care to our patients.

Brant Community Healthcare system has implemented several strategies over the last few years to help staff, volunteers, physicians and patients remain safe at BCHS. An effective violence prevention program involves: assessing, communicating and controlling risks. Our Approach includes

Parklane Incident Reporting

Safe Management Training (NVCI)

Zero Tolerance Signage

Means of Summoning Assistance

Organization Wide Risk Assessment

Flagging Policy and Procedure

Acute Care Violence Assessment Tool (VAT)

This form is to be completed by clinical healthcare worker or manager/supervisor.



Patient's Name:

Identification #:

Click on the box above to insert your logo

Initial Assessment

Reassessment

Section A: Risk Indicators

Read the list of behaviours below and identify behaviours that will require specific care interventions. A score of 1 is applied for past occurrence of any of the History of Violence behaviours; and additional scores of 1 are applied for each observed behavior. Add the scores — the maximum is 12.

HISTORY OF VIOLENCE:	SCORE
Score 1 for past occurrence of any of the following:	
<ul style="list-style-type: none">* Exercising physical force, in any setting, towards any person including a caregiver that caused or could have caused injury* Attempting to exercise physical force, in any setting, towards any person including a caregiver that could cause injury* Statement or behaviours that could reasonably be interpreted as threatening to exercise physical force, in any setting, against any person including a caregiver that could cause injury	<input type="text"/>
OBSERVED BEHAVIORS:	SCORE
Score 1 for each of the observed behaviour categories below.	
Confused	<input type="text"/>

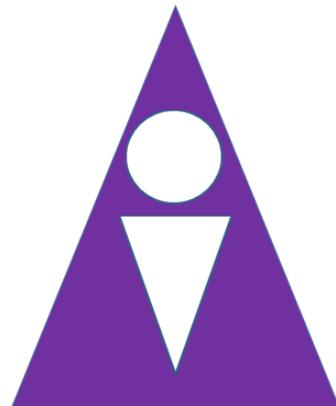
The new program uses a standardized screening tool (VAT), standardized communication and language across BCHS as well as visual aides (signage) to communicate amongst BCHS members of patients who have the potential to exhibit violence.

When Implemented correctly employees will be equipped with knowledge on “what do I need to know to keep my patient calm, while also keeping myself safe.

The flag really is a caution in preparing to provide care to your patient. The flag by itself will not make the situation safer, but combining it with identification, de-escalation and awareness we can provide a safe environment for both patients and staff.

Patient flagging does bring concerns over discrimination, but the stigma is really about our own judgement of the situation. To prevent this we need an understanding of our patients and their needs.

Assessments are not new for clinical staff, HCW have been completing these routinely (falls risks) for some time, now we are formalizing the plan for managing violent situations



Who Can Place A Flag:

Clinical staff (RN, RPN, PSW, OT/PT, OTA/PTA, Speech Pathology, Social workers and Physicians) assigned to the patient, will complete the Violence assessment tool if identified behaviours are observed. The flag is then placed on the electronic medical record, patient chart, signage on the door/head of bed as well as care plan. The clinical staff will need to assess how to best manage and care for the patient with a potential for violence and evaluate and document triggers or treatments that may assist with threatening behaviours (ex. Pain levels can impact tolerance). **IF YOU EXPERIENCE A PATIENT ESCALATING OR BECOMING VIOLENT ENSURE TO REPORT TO THE PATIENT'S CARE PROVIDER TO PERFORM A VAT ASSESSMENT.**

Where would I see Flags?

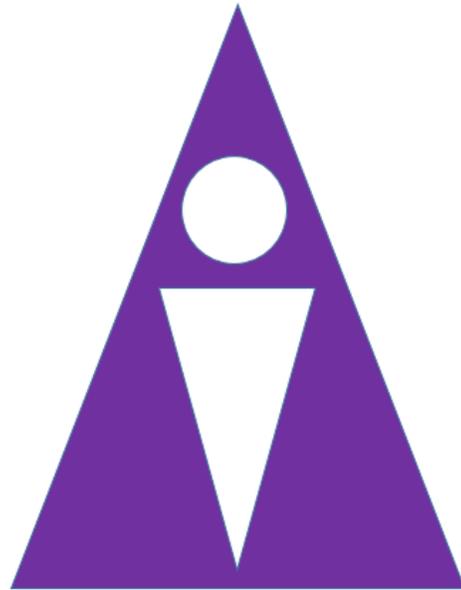
Coloured signs on doors, or above the head of beds, Electronic medical records, Chart Face Sheets and Care plans.

Are Flags permanently on patient files for every healthcare visit?

We respect that disease processes, infections and medications can have an effect on patients status affecting them in ways where they may exhibit violent behaviours. We also understand that this may be a one-time occurrence, this is why an appeals process has been implemented. If the patient, Substitute Decision Maker or the Unit Manager disagrees with identification of the patient being identified as a risk for violent behaviour, they may appeal by submitting a request for Appeal form. A formal appeal process is then followed with designated time frames and decisions are then communicated with staff in the circle of care and the patient and family. **NO FLAGS ARE TO BE REMOVED AT THE UNIT LEVEL. ONLY AFTER AN APPEAL CAN THE UNIT MANAGER NOTIFY THE MANAGER OF IT OR DELIGATE TO REMOVE A FLAG.**

***Before providing care
Assess behaviours for potential risk:***

-  History of violence
-  Confused
-  Irritable
-  Boisterous
-  Verbal Threats
-  Agitated/Impulsive
-  Paranoid/Suspicious
-  Substance Intoxication/Withdrawal
-  Socially Inappropriate/Disruptive
-  Body Language
-  Attacking Objects



***If one or more behaviours are observed, please
complete the Violence Assessment Tool (VAT)***

This is a Zero tolerance environment.
Violence, foul language and abusive behaviours are not acceptable.

At the first point of contact, including transfer to a new care area, the healthcare provider will check VAT flag in the electronic health record. If the patient is not already flagged for risk of violent behaviour:

Screen each patient you come in contact with. Use the behaviour chart to determine if a Violence Assessment is needed. If the patient shows one or more of these behaviours complete a VAT assessment in Meditech.

If patient is identified as low risk, no further action is required, if the patient is identified as moderate or high risk, the healthcare provider will apply the flag.

A flag alert indicator on a patients electronic medical record alerts staff there may be a potential risk of violent or aggressive behaviour towards workers during a patient admission. A flag alert will appear on: emergency department record, inpatient face sheet, Order entry order screen, process order screen, printed requisitions. VAT forms can be ordered from the Custom Point RRD

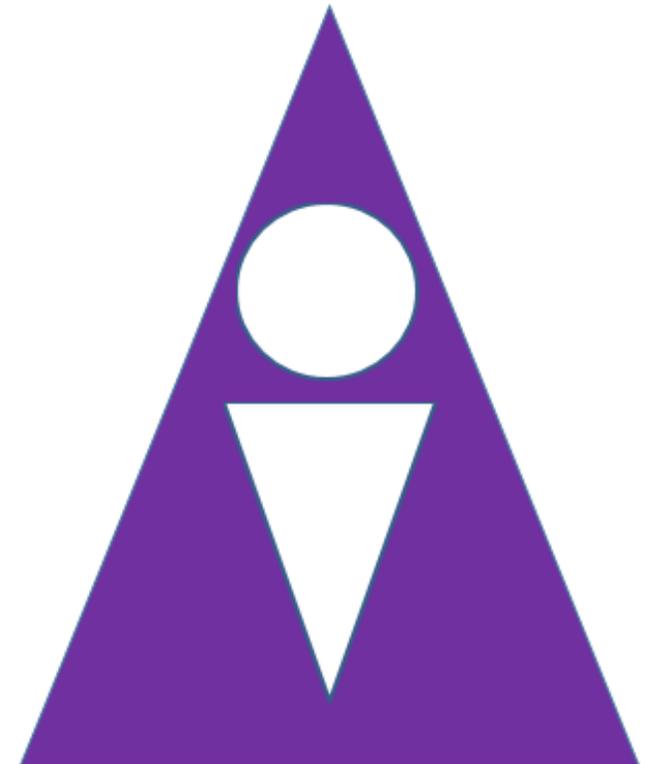
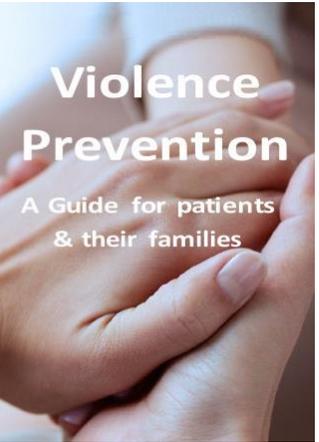
Action to take after flag is placed.

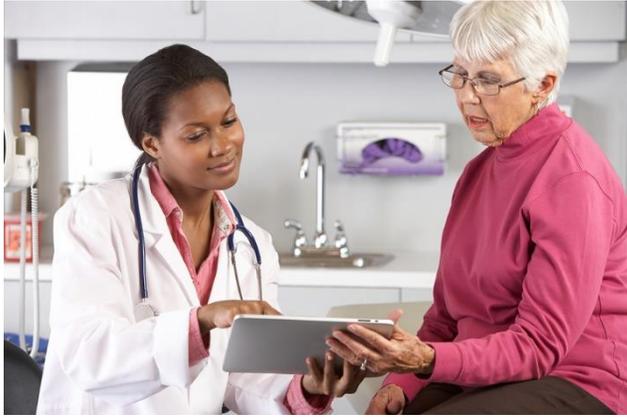
1. Discuss identification/flag with the patient and family. Provide the Violence Prevention Guide to patient and family and discuss how to develop plan of care and document in care plan in the patients health record. If no family is available, or patient is unable to participate in development of care plan, include clinical manager, educator and other staff.
2. Ensure other visual alerts are in place to communicate risk of violence to staff, ie. Signage on Door. Flag on communication board (Were available). This should be a part of TOA for every shift.
3. Communicate risk of Violent Behaviour during transfer of accountability, including behaviours, triggers and safety measures. Reassess after any change in behaviours.

What if I have more questions?

You are welcome to speak to the unit or Department Manager. Please ask your nurse for contact information

If you have questions, concerns or would like to complete an appeals identification of risk of violence form, please ask your healthcare provider for the form





Notifying the Patient/Family

Patients and families recognize that the nature of this conversation has the potential to make interactions with BCHS staff either positive or negative for them. It is important to recognize and acknowledge our own feelings and bias before we enter into a conversation of this nature. When the conversation is collaborative, patients and families will be assured that they or their loved one will be respected and cared for. Hospital staff must continually balance their duties to the health and welfare of their patients with the need to keep themselves and our colleagues safe.

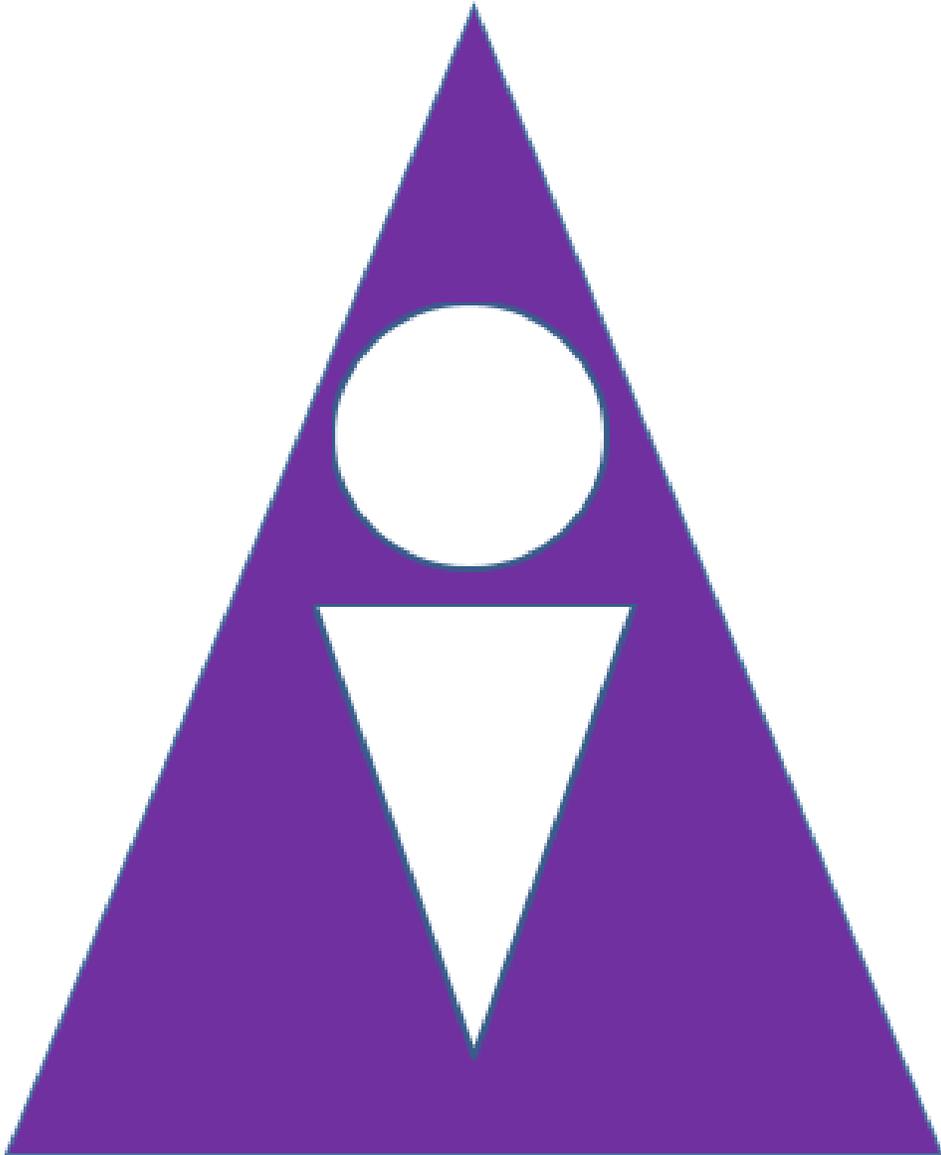
The nature of the conversation should be established as positive right from the start, so that families view the experience as an escalation of care, rather than punitive or stigmatizing. The following conversation starters may be used to assist the professional in initiating a care planning conversation:

"Can we discuss the kind of care our staff can offer that will keep your time with us positive?"

"What kinds of special approaches to care can the nursing staff take to help support you?"

The Appeals Process/Reassessment of Flagging Status

- If a patient or SDM or clinical manager disagrees with risk assessment and subsequent identification as at risk for violent behaviour an appeal may be initiated by submitting the Request to Appeal identification for risk of violent behaviour form obtained from Health Records. (Appendix B)
- If a patient or SDM is making the request, Health Records will provide them with a form to be completed, upon return Health Records will notify the appeals committee and forward the completed form.
- Upon receipt of the appeals form, the Clinical manager will contact the Patient or SDM within 3 business days of receipt to explain the rationale and purpose of the VAT tool and assessment, highlighting the form is meant to protect the patient and the staff from harm.
- If the patient or SDM wish to proceed the Clinical Manager will arrange a meeting within 5 business days.
- If the Clinical Manager is applying for the appeal, they should request and complete form from Health Records, the email to the Appeal's Committee will be sent upon completion.
- Appeals will be facilitated by the Appeals Committee which includes: Chief Strategy, Quality Risk and Communications Officer, Organizational Health Manager or designate, Representative from Joint Health and Safety Committee member, Clinical Manager of designated unit, Patient Experience Coordinator, Ethicist (if available) and Security. The Chief Executive Officer (CEO) or Delegate CEO holds final accountability for approving the outcome of the appeal.
- The Appeals Committee will interview the staff member who requested the violent behaviour flag, and any other staff who may have additional information
- The Appeals Committee will review the pertinent details including, but not limited to patient record, including VAT, incident reports (Riskpro), Parklane violence incidents, information provided by the patient or family, notes from staff interviewed
- All decisions must consider objective findings and exercise a precautionary approach
- Decisions and rationales will be documented in the patients' medical record and will be communicated in writing to the patient/or SDM and the healthcare team within 30 calendar days of receipt of request.
- If a decision is made to remove the risk for violent behaviour flag the clinical manager will request the Manager of IT (or designate) via email to remove the permanent flag from the system
- The Clinical Manager will share the results of the appeals process with the staff in the circle of care



What do you do??

- Consult with the Patient's care provider prior to entering the room for any potential Hazards.
- Upon entering the room be aware of the environmental hazards in the room (safe management training)
- Always be aware of where the exit is and try to keep clear path. Do not put the patient between you and the exit if possible.
- Do not be afraid to summon help (code white buttons, screamers, nurse assist buttons) or leave
- Keep a safe distance if possible when not providing direct care.
- If patient escalates do not attempt to participate in de-escalation without proper training.

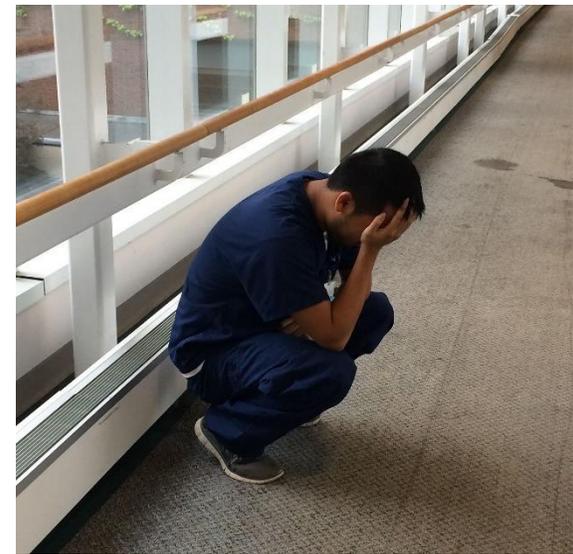
AUDITS

- ▶ BCHS Privacy is required to have a robust auditing program to meet compliance with PHIPA legislation
- ▶ Standard audits include: Same Name, Random audits, Sentinel events, Staff as patients, requested by patient, requested by Staff, as required during privacy investigations. Patients who are flagged will become part of the standard audits.
- ▶ If staff have questions about patient flagging, they need to go through the proper channels with their manager or nurse educator and not look through patient charts where they are not providing active care to the patient.
- ▶ Every patient who is flagged for violence will be audited by the privacy office.
- ▶ Staff are accountable for ALL their access of electronic and other forms of patient PHI and should understand that everything they access is collected and can be viewed in an audit.

Scenario 1

Mr. Smith is known to become aggressive when exposed to significant noise. This stems from a medical condition whereby loud noise causes extreme inner ear pain. Because the patient is non communicative, he cannot ask healthcare workers to keep noise down.

Mr. Smith is flagged as having a history of violence. A visual flag on his door alerts staff to the flag. In the Kardex and patient care plan it is documented that the patient may become aggressive if exposed to loud noise. Staff are advised to work or visit quietly and avoid making loud noises in the patient's presence. If work is to be done that involves loud noise, provisions must be put in place to cover the patient's ears or remove him from the room.



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Conclusion:

Without having to know the specifics of the medical condition causing the aggression, workers are able to comply with the safety measures and keep themselves safe, while keeping the patient more comfortable.

I have reviewed and understand the Violence Flagging E-Learning Module

Name: _____

Date: _____

