

Primary Care and Chronic Disease **High Risk Behaviour (Flag) Alert Procedure**

Violence Assessment Tool (VAT)

Primary Care and Chronic Disease staff observing patient behaviour that they assess as potentially a risk to the patient, staff, other patients, or the public are asked to complete a Community Care Violence Assessment Tool (VAT). Further action and risk reduction planning will be based on the VAT's total behaviour score. After completing and reviewing the VAT, if an involved staff member believes the risk level is not adequately reflected, then the staff member(s) should inform the Clinical Lead / Manager / Administrative Supervisor of their additional concerns.

Provincial Safety Management System (PSMS)

In a timely manner following the incident, a situation that appears to contain a patient safety risk will also require the staff member to enter the incident as a 'Patient Safety Incident' into the Provincial Safety Management System (PSMS). If the observed behaviour was directed towards a staff member, the incident should also be entered as a separate 'Staff Event' into the PSMS as well. The VAT is to be completed and tabulated first before adding the record into the PSMS. A scanned copy of the VAT and the selected appropriate Risk Reduction Plan should also be added to the 'Patient Safety Incident' in PSMS.

Suicidality

In any situation where a potential suicide is mentioned, presented, or implied by the involved patient or client, a provider or a staff member who practices in Collaborative Mental Health should be informed and immediately involved to assist in developing and actioning an appropriate Risk Reduction Plan.

Risk Reduction Plans

Once completed, the VAT is submitted to the Clinical Lead / Manager / Administrative Supervisor. Subsequent mitigating risk reduction actions will be formulated based on the VAT overall scoring and (if applicable) the additional staff comments to the VAT that differ from how the overall scoring indicates.

The Clinical Lead / Manager / Administrative Supervisor determines how the observed patient behaviour will be addressed. The mitigating steps selected will be considered the Risk Reduction Plan.

A "low to moderate" (0-3) VAT overall score will necessitate what is known as a 'simple' Risk Reduction Plan. A 'simple' Risk Reduction Plan would be appropriate in situations where it is determined that future violence would be unlikely. These mitigation steps taken are recorded and attached to the paper copy of the VAT. A simple Risk Reduction Plan will automatically expire after one week. The plan involves the appropriate time-specific instructions that involved staff will take. Once a simple Risk Reduction Plan expires, it does not become part of the patient record.

A “high to very high” VAT overall score (4-6+) will require a more diligent response to the high-risk behaviour; therefore a ‘detailed’ Risk Reduction Plan is appropriate. This is an event or situation where it has been determined that there is a risk of future violence. A detailed Risk Reduction Plan should include a ‘note’ placed in the patient file in the CHR. The CHR note should appear as a ‘pop-up’ for when any user accesses the patient file from within the CHR (which also must be acknowledged by the user to continue). No ‘detailed’ Risk Reduction Plan should be permanently set in place and all active ‘detailed’ Risk Reduction Plans should be proactively reviewed for continuation on a monthly basis by the Clinical Lead / Manager / Administrative Supervisor.

‘Flagging’ Risk Reduction Plans for Collaborative Health Records (CHR):

Completed Community Care Violence Assessment Tools (VATs) and Risk Reduction Plans become part of the patient’s chart once completed and should be scanned and added electronically to CHR. The CHR will ‘flag’ users who access the involved patient’s chart with a ‘pop-up’ as long as the ‘detailed’ Risk Reduction Plan remains active.

The additional ‘pop-up’ CHR note will:

- Briefly detail the history of the observed high-risk behaviour and the mitigating actions previously taken to manage the situation.
- List the suggested future actions expected from staff who will encounter the patient involved while the ‘detailed’ Risk Reduction Plan is active.
- Include information about whether the patient is aware of the ‘detailed’ Risk Reduction Plan that has been put in place.
- Be immediately shared with the patient’s Primary Provider (through a message in the CHR) so that they are promptly notified and can be consulted regarding the ‘detailed’ Risk Reduction Plan put in place involving their patient.

Duration of ‘detailed’ Risk Reduction Plans

The ‘detailed’ Risk Reduction Plans are put in place in response to identified high / very high-risk behaviours, and they remain in place until a decision is made to remove them. This decision should be made with consultation with the patient’s Primary Care Provider (and any involved Collaborative Mental Health staff if the situation involved a suicidality risk).

When it is decided that the level of risk has been sufficiently reduced and a ‘detailed’ Risk Reduction Plan should be expired, a brief summary note detailing the review and consultations completed resulting in the ending of the ‘detailed’ Risk Reduction Plan is to be placed in the patient’s chart in CHR. The alerting CHR ‘pop-up’ note is also to be immediately deactivated for all those accessing the CHR file but will remain as a part of the patient chart.

Informing Patients of ‘detailed’ Risk Reduction Plans

When a ‘detailed’ Risk Reduction Plan is set in place, every reasonable effort should be made to inform the patient of the plan, along with the details and purpose of the plan. This notification should be done safely in agreement and in partnership with the patient’s Primary Care Provider. In cases where informing the involved patient of a ‘detailed’ Risk Reduction Plan may elevate the potential risk to themselves, the staff, or others, then such notification can be delayed or withheld. This decision

requires the agreement of their Primary Care Provider. No patient notification is required for 'simple' Risk Reduction Plans.

Information Sharing

Even in situations of high-risk behaviours, patient privacy remains important and held in confidence. Communication of a 'simple' or 'detailed' Risk Reduction Plans should only be made with staff who are likely to have contact with the patient or those who are required to assist in the development and implementation of a Risk Reduction Plan. Staff should be reminded that Risk Reduction Plans remain as a part of the patient's chart, even after expiry, and that documentation of the high-risk behaviour incident(s) should only be comprised of factual observations and details.

Additional Reference Tools Available

High Risk Behaviour Alert Tools and Resources | Health PEI | Staff Resource Centre

- Community Care Violence Assessment Tool (VAT)
- Flowchart for the PCCD High Risk Behaviour (Flag) Alert Procedure
- Health PEI High Risk Behaviour (Flag) Alert Policy
- High Risk Behaviour Alert Policy FAQ

Other Resources

- Provincial Safety Management System Submitting an Employee Event Form [Guide]
- Health PEI Patient Safety Incident Reporting Policy