

## Provincial Geriatric Program High Risk Behaviour (Flag) Alert Procedure

July 8, 2024

1. **Risk Assessment Tool:** Provincial Geriatric Program staff observing patient behaviour that they assess as being potentially a risk to the patient, staff, other patients, or the public are expected to complete a **Provincial Geriatric Program Violence Assessment Tool (VAT)**. Further action will be based on that tool's score. Or, if staff believe the concern is not adequately reflected on that instrument, the staff member should inform the **Program Manager** of that specific concern.

Situations that appear to contain risk will also require the staff member to enter the incident in **PSMS** as a **Patient Safety Incident**. If the behaviour is directed towards a staff member, there may also be need for to be entered as a **Staff Event**. The VAT is to be completed first. A scanned copy of the VAT may be added to the incident in PSMS (see point 4 below).

2. **Completed VATs:** Once completed, the VAT is physically submitted to the **Program Manager**. Subsequent actions are to be based on the VAT score (see Section B) and if needed, the staff member's comments on their assessment that the perceived risk is higher (or lower) than the score indicates.
3. Based on the above, the **Program Manager** determines how the concern shall be addressed. The steps to be taken are to be considered a **Risk Reduction Plan**.
  - A. A "low-moderate" (0-3) score will necessitate a simple **Risk Reduction Plan**, with planning about how to plan for interactions with the patient. This level of planning would be appropriate in situations where it is determined that future violence appears unlikely. These steps are attached to the paper copy of the VAT. A simple Risk Reduction Plan will automatically expire after one week. It involves time-specific instructions for staff. Once expired, it does not become part of the patient record.
  - B. A "high-very high" score (4-6+) will require a more advanced response. This is a situation where there has been determined to be a risk of future violence. A detailed Risk Reduction Plan should include a **Note** placed in the patient file in CHR (which will appear as any staff enter the file in CHR (until they dismiss it). This note should briefly explain the nature of the concern and actions already taken future actions suggested or expected from staff. It should also include information about whether the patient is aware of the risk reduction plan. The patient's **provider** should be promptly notified of this action through a message in CHR and consulted regarding it.

- C. Suicidality: In cases where any overt suicidal talk is present or implied, the provider or a staff member who practices in collaborative mental health should be involved immediately.
  - D. No risk reduction plan is permanent- all should be actively reviewed monthly.
4. **“Flagging” Risk Reduction Plans**: Completed **Provincial Geriatric Program Violence Assessment Tools (VATs)** become part of the patient’s chart when complete. They should be scanned and added electronically to CHR. A scanned copy of the VAT may also be added to a patient safety incident in PSMS, although some accompanying narrative will also be necessary (see Appendix B).

When detailed **Risk Reduction Plans** are put in place in response to identified concerns, they remain in place until a decision is made to remove them. This decision should be made with the **provider** and other staff involved in the patient’s care. When they are removed a brief note explaining this should be placed in the patient’s chart in CHR and the note previously entered de-activated as a pop-up window for all entering the file (it will remain part of the chart).

5. **Informing Patients**: When a detailed plan (see Pt. 3 above), is in place to reduce patient risk, every reasonable effort should be made to inform the patient of the plan and its details. This notification should be completed in partnership with the patient’s **provider**. In cases where telling the patient about a risk reduction plan may increase the risk to them, staff, or others, such notification can be delayed. This decision requires the agreement of their **provider**.
6. **Information Sharing**: Even in situations of risk, patient privacy remains important. Communication about a simple or detailed **Risk Reduction Plan** should only be made to staff who are likely to have contact with the patient, or who are needed to help develop or implement a detailed **Risk Reduction Plan**.

Staff are reminded that such a plan is part of the patient’s chart and that its documentation should be comprised only of factual observations and reporting.

#### Attachments

- Appendix A – Provincial Geriatric Program Violence Assessment Tool (VAT)
- Appendix B-- Provincial Safety Management System Submitting an Employee Event Form [Guide]
- Appendix C—Health PEI Patient Safety Incident Reporting Policy
- Appendix D – Flow Chart for Reporting and Responding to High Risk Behaviour Flags in Primary Care and Chronic Disease.
- Appendix E—Suggested Elements of a Risk Reduction Plan
- Appendix F – A Brief Guide to Entering a Note to Flag Concerns in CHR
- Appendix G – Health PEI High Risk Behaviour (Flag) Alert Policy