Sacramento Region Behavioral Health Task Force

Elements of a Violence Mitigation Plan for Health Care Facilities and Outpatient Mental Health Programs

Providers of mental health services in all settings seek to maintain a safe environment to promote care and healing. This is best achieved by an organizational commitment to:

- Sponsoring and engaging in a violence prevention and mitigation program
- Understanding and addressing the root causes of violence
- Equally valuing patient and staff safety
- Mutual engagement and collaboration with all care team members: staff, patients/consumers, and their families

Actions: "THE WHAT"	Best Practices: "THE HOW"
I. SCREENING / RISK STRATIFICATION	
Screen all patients	Evidence-based violence screening tools: • The Brøset Violence Checklist (BVC) at www.riskassessment.no/ • Oregon Association of Hospitals and Health Systems Risk of Violence Assessment tool at www.oahhs.org › files › 5a WPV risk assessment tool • V-RISK-10 – Sifer at https://sifer.no/verktoy/v-risk-10/ • STAMP - Quick Safety Issue 47: De-escalation in Health Care at www.jointcommission.org/quick-safety/quick-safety-47-deescalation-in-health-care/
	Evidence-based screening tools for high-risk medical conditions linked to violent behavior: • Richmond Agitation Sedation Scale (RASS) at www.mnhospitals.org/RASS Sedation Assessment Tool.pdf
	Process and policy to implement use of the tool and audit its effectiveness
II. COMMUNICATION OF RISK	
Environmental communication	Risk communication process and policy (e.g., sign on door)
Electronic record communication	Use of records to identify risk and history of violence (e.g., alert flag), and documentation of new incidents for future violence prevention and risk management
Verbal communication	In-person communication of potential risk (e.g., huddle, report, shift change) and development of care plan

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III. PREVENTION / INTERVENTION / POSTVENTION	

Prevention	• Staff training in implicit bias in health care, trauma-informed care, de-escalation, situational awareness, environmental safety, appropriate limit setting, organizational policies, and processes
	• Person-centered, relationship-based care models
	• Individualized plan of care/coping agreement, including assessment of strengths and resiliency
	  • CPI – Nonviolent Crisis Intervention®
	  • Pro-ACT – Professional Assault Crisis Training
	  • https://therapeuticoptions.com/

Proactive, clinically focused intervention with de-escalation	• Establish a Behavioral Emergency Response Team/ Behavioral Escalation Support Team • Establish tiered response codes as needed • Review Psychiatric Rapid Response Team Abstract at https://pubmed.ncbi.nlm.nih.gov/31090558/
Threshold for security-focused intervention	• Understand the risks and benefits of a security-based intervention • Clearly define threshold and process: Who initiates a security-based intervention?
Post-incident debriefing for all parties involved	• Procedural debriefing • Therapeutic debriefing opportunity, peer support • Patient debriefing
IV. ONGOING QUALITY IMPROVEMENT	
Root cause analysis process	• Establish a standardized tool and process to review all events
Report	• Establish a standardized tool and process for reporting that meets both external and internal requirements
Review/Analyze	• Develop a committee to oversee the review process • Develop a committee to audit event reports and track data so trends can be analyzed and reported per Cal/OSHA requirements

PRINCIPAL CONTRIBUTORS

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