# Supporting Behavioural Health in Medicine: Care Plans, Treatment Plans and Behaviour Contracts

## Site Applicability:

St. Paul's Hospital Inpatient Medicine Units (7ABCD, 9CD);

Mount Saint Joseph Hospital Inpatient Medicine Units (3BC, 4W, 4E)

## Goals:

- To proactively prevent and mitigate challenging patient behavioural health concerns
- Provide staff with clear direction on when and how to respond to behavioural health concerns with a patient-centred and trauma-informed approach
- Create an environment where both staff and patients feel safe and prevent injuries
- Allow for safe, trauma-informed patient care under challenging circumstances
- To support staff safety when Treatment Plan and Behaviour Contracts have been initiated with no success

## Roles and Responsibilities:

**Care Management Leaders (CMLs)**

- Initiate, review and/or update a Violence Risk Alert or Violence Risk Screen for patients that demonstrate behavioural health concerns
- Initiate an Unsafe Sharps Support Plan when indicated
- Create or update Violence Risk Care Plan for patients that demonstrate violent behaviours
- Create or update Interdisciplinary Care Plan (Refer to Appendix A for how to locate Interdisciplinary Care Plans in Cerner) that involves the patient in the decision making process
- Consult with Psychiatry Consultation Liaison Nurse, Addiction Medicine Consult Team (AMCT), Substance Use Nurse Educator and/or AMCT Liaison Nurse, Violence Prevention, Security, Risk Management and/or Ethics if needed
- Collect collateral information from Allied Health Team
- Lead discussions with Allied Health Team to determine how to include community partner input early on into the plan
- Create Treatment Plan and Behaviour Contract if indicated; include patient, Clinical Nurse Leader (CNL) and Most Responsible Physician (MRP); as MRPs change over, ensure each new MRP reviews and signs the BSP (Refer to Appendix B)

- Alert the Clinical Nurse Leader (CNL) to patients with a Violence Risk Process Alert, Violence Risk Care Plan, Interdisciplinary Care Plan, Treatment Plan & Behaviour Contract; this will assist the CNL in being able to support nursing and create or modify nursing assignments
- Escalate concerns to Patient Care Manager if needed
- Escalate concerns to Risk Management and/or Ethics if additional support required.

*This also includes the Weekend CNL, as their role is a blend of CNL and CML duties.

**Clinical Nurse Leaders (CNLs)**

- Be aware of, initiate, review and/or update a Violence Risk Alert or Violence Risk Screen for patients that demonstrate behavioural health concerns if the CML has not already done so
- Be aware of and initiate an Unsafe Sharps Support Plan when indicated, if the CML has not already done so
- Create or update Violence Risk Care Plan for patients that demonstrate violent behaviours if the CML has not already done so
- Create or update Interdisciplinary Care Plan (Refer to Appendix A for how to locate Interdisciplinary Care Plans in Cerner) as needed
- Work in collaboration with CML to create Treatment Plan and Behaviour Contract if indicated
- Escalate concerns to Patient Care Manager if needed

**Nurses**

- Introduce "Rights and Responsibilities" document to all patients upon admission; chart that the document was provided to patient; consider having the patient sign the form and if they decline then write "declined to sign" on the signature line. (Refer to Appendix C)
- Contribute to the development of Violence Risk Care Plan or Interdisciplinary Care Plan, if a care plan is required
- Review violence- and behaviour-related care plan documentation prior to providing care
- Follow Violence Risk Care Plan and/or Interdisciplinary Care Plan
- Ensure situational awareness is updated to alert health care team that there is a care plan or behaviour support plan in place
- Initiate Violence Risk Screen and initiate or update Violence Risk Alert if patient's behaviour meets Alert criteria including:
    - Patient has a history of physical violence
    - Patient is presenting with physically violent or threatening behaviour, or
    - Patient is making threats of physical violence

  Refer to Violence Risk Alert Screen form in the Ad Hoc Assessments folder on Cerner for the Alert criteria

- Document all incidents of challenging behaviours in objective detail. Include the word "behaviour" in the title of your note to allow for easy filtering in Cerner
- Update the white board in the report room with Violence Risk Alert, Sharps Risk Alert and recent behavioural health concerns
- Include all relevant and recent behavioural health concerns in your shift handover to oncoming nurse
- Notify Charge Nurse or CML about ongoing behavioural health concerns and if changes need to be made to the Violence Risk Care Plan or Interdisciplinary Care Plan

**Allied Health**

- Review violence-related documentation prior to providing care
- Collect collateral from community partners (e.g. primary care, housing, home health, outreach teams); include community partners in discharge planning when indicated; advise community partners should a patient need to be imminently discharged
- Contribute to development of Violence Risk Care Plan and/or Interdisciplinary Care Plan
- Follow Violence Risk Care Plan and/or Interdisciplinary Care Plan
- Document all incidents of behavioural health concerns in objective detail
- Notify Charge Nurse or CML about ongoing behavioural health concerns and if changes need to be made to Violence Risk Care Plan and/or Interdisciplinary Care Plan
- Notify community about discharge and outpatient care needs

**Physicians**

- Review violence-related documentation prior to all patient interactions
- Reinforce "Rights and Responsibilities" behaviour expectations with patients
- Contribute to development of Violence Risk Care Plan and/or Interdisciplinary Care Plan and/or Treatment Plan and Behaviour Contract
- Ensure any necessary prescriptions and orders are reviewed and completed in the event of a discharge (e.g., PO antibiotics, PICC removal)
- Discuss Treatment Plan and Behaviour Contract with oncoming colleague to ensure consistency in approach and follow-up amongst physicians. Involve Clinical Associate (CA) and Cross Coverage if a discharge is likely to occur overnight

## Procedure

| Process | Responsibility/Lead | Tools/Documents |
|---|---|---|
| **Patient is admitted:**<br><br>Provide all newly admitted patients with a printed copy of the "Rights and Responsibilities" form and review the form with patient. Staff should attempt to review with the patient about the "Rights and Responsibilities" form when the patient is awake and receptive. | Nurse | Rights and Responsibilities Form |
| **Patient is presenting with behavioural health concerns:**<br><br>At the first sign that a patient is having challenges managing the hospital environment:<br>1. Assess whether they have the capacity to manage their behaviour. Consider: acute traumatic brain injury, delirium, dementia, substance-induced psychosis, neurocognitive or neurodevelopmental disorders<br>2. If patient is capable of managing their behaviour, provide the "Rights and Responsibilities" form again and review with patient<br>• Do not present the form at the moment the patient is escalating; try to find a time to have some dialogue about the behaviour you witnessed<br>• Ask for assistance if you do not feel safe or comfortable (e.g., approach patient with a colleague, security standby, Charge Nurse)<br>• If patient did not originally sign the form then ask them to sign now; do not persist if the patient declines to sign<br>• Sign and date the bottom of the form and copy it. Place a copy in the chartlet and leave the original with the patient<br>• Write a note in the situational awareness section, "Reviewed Rights and Responsibilities" with the patient and write a free text note to document what the | Nurse | Rights and Responsibilities form |

| | | |
|---|---|---|
| behaviour was that prompted you to review the form<br>3. Investigate potential triggers for patient; discuss with patients if there are any unmet needs; update CML so that the CML can modify relevant care plans to include this information<br>Note: Staff are not required to review the "Rights and Responsibilities" form with the patient for every incident of challenging behaviour, especially if patient has refused to participate in this discussion, responded disrespectfully or violently. Conduct a point of care assessment to determine if the patient would benefit from, or be open to, another opportunity to review this form. | **Nurse/CML** | |
| **Patient continues to present with challenging behaviours:**<br>1. Document all behaviours observed and interventions and outcomes in a narrative note. Label the note "Challenging Behaviours"<br>2. If indicated, complete a Violence Risk Screen and initiate a Violence Risk Process Alert or Unsafe Sharps Risk Process Alert (for uncapped sharps)<br>3. Notify CML. CML to create a care plan with input from patient and bedside nurses and care teams. It is important to include the patient in the care planning process; ask patient about their triggers. Request assistance from Violence Prevention, AMCT/AMCT Liaison Nurse, Psychiatry Consult Liaison Nurse or other resources, such as community care teams, as appropriate to provide feedback on care plan developed. Clearly indicate where this care plan can be found in the informal communication. Be sure to use the word "behavioural health concerns" in the title of your notes to allow for easy filtering in Cerner<br>4. CN or CNL to review and remind staff that patient has a care plan during nursing check-in<br>5. CML to indicate in Situational Awareness that a care plan is in place and where to find it.<br>6. All staff to follow the care plan. Ensure that the plan of care is communicated during shift change | All staff<br>RN, CNL, CML<br>All staff<br>CN/CNL<br>CML<br>All staff | Violence Risk Screen, Violence Risk Process Alert<br>Interdisciplinary care plan |

| | | |
|---|---|---|
| or during transition of care (e.g. to another unit or facility). Document all behaviours, especially which strategies from the care plan helped to modify behaviour<br>7. Modify the care plan as necessary as you find out more about the patient | CML/CNL | |
| **If the Violence Risk Care Plan and/or Interdisciplinary Care Plan is not effective and patient behaviour(s) continue to be <u>unsafe for the patient, staff or other patients</u>:**<br>1. Consider if other patients, staff members, or the patient themselves, is in imminent danger. If so, call a Code White<br>2. Continue to document all behavioural health concerns and let CML know they are continuing<br>3. CML, CNL and PCM to discuss behaviours and preventative and safety measures in place; consider number of code whites, types of behaviours, imminent danger to patient/other patients/staff, etc. Reach out to Risk Management and Ethics for further support if required.<br>4. If patient is capable of managing their concerns, CML to create a BSP with patient and MRP; involve CNL and/or PCM as required. Make sure to ask the patient, "How can we support you to experience less frustration in the hospital?"<br>5. Alert PCM to all Treatment Plan & Behaviour Contract<br>6. CML, MRP and allied health to liaise with community teams at the time the behaviour support plan is created to ensure that the patient has appropriate follow up in place if the alternative care plan involves discharge. AMCT should also be notified that a behaviour support plan is created so that they can support with discharge prescriptions, as needed<br>7. All staff follow the recommendations of the BSP and alternative care plan if behaviour persists, up to and including discharge, if that is the alternative plan<br>8. If breaching the Treatment Plan and Behaviour Contract will result in a discharge with alternative treatment plan (such as PO | Nurse, CN, CNL<br>All staff<br>CML, CNL, PCM<br>CML, MRP, CNL, PCM<br>CML<br>CML<br>All Staff | Violence Risk Care Plan, Interdisciplinary Care Plan<br>Behaviour Support Plan |

| | | |
|---|---|---|
| antibiotics), physicians must support with prescriptions and orders as needed. Physicians should hand over to Clinical Associate (CA) or Cross Coverage if discharge overnight is likely | MRP, CA, Cross Coverage | |
| 9. If a discharge occurs, inform community partners and primary care provider | | |
| 10. When MRPs change, physician to give information about Treatment Plan and Behaviour Contract to oncoming MRP in handover. CML to verify that this has occurred to ensure consistency among all members of the team. If there is a difference in opinion between MRPs, then CML to assist in ensuring the Treatment Plan and Behaviour Contract is approved by oncoming MRP or updated accordingly | CML, TST, SW<br><br>MRP/CML | |
| <u>Notes</u>: | | |
| • If a patient is not capable due to acute traumatic brain injury, delirium, dementia, substance-induced psychosis, neurocognitive or neurodevelopmental disorders, then: | | |
| a. Do not review the Rights and Responsibilities form with them or create a Treatment Plan and Behaviour Contract; this can be revisited if the patient becomes capable and is necessary | | |
| b. Do still proceed with a Violence Risk Alert, Violence Risk Care Plan and/or Interdisciplinary Care Plan, as indicated; a note can be made about the reasons(s) for incapability; the plan can still assist in providing helpful information to staff about how to best interact with the patient | Nurse/CML | |
| c. Involve the patient's (temporary) substitute decision maker for (1) collateral including triggers and tips on how to best work with the patient, (2) collaborating on the approach to care, (3) keeping them apprised of concerning incidents | | |
| • Treatment Plan and Behaviour Contract should be reassessed with any change in clinical status; Treatment Plan and Behaviour Contracts do not automatically carry over between admissions; a prior Treatment Plan and Behaviour Contract can be referenced on a new admission, but the steps | | |

| | | |
|---|---|---|
| above need to be followed on each admission and a new Treatment Plan and Behaviour Contract can be implemented as required<br>• Whenever possible, avoid overnight discharges for patients who are **NOT** on a Treatment Plan and Behaviour Contract and who have a specified discharge plan. The Clinical Associate (CA) or Cross Coverage should not be asked to enter discharge orders unless there is extreme risk of danger to others and there is no alternative but to have the patient discharged with police. Consider other alternatives overnight such as partnered care, security standby for all care, moving the patient to a private room, medications to help settle the patient (apply Least Restraint protocol), having the patient assessed for certification if appropriate, etc. Consult the Clinical Site Coordinator (CSC) for review of situations involving challenging behaviours<br>• If a discharge is deemed the appropriate outcome, it should be coordinated between the CML, Attending, and the patient's community supports during the day | | |

## Related Documents:

- B-00-11-10178 – Violence Risk Alert
- B-00-11-10125 –Philosophy for Care of Patients and Residents with Substance Use (policy)
- B-00-07-10096 – Harm Reduction and Managing Substance Use – Acute Care
- BD-00-07-41012 – Unsafe Sharps Support Plan
- B-00-13-10059 – Least Restraint: Care of the Patient at Risk for or Requiring Restraint (Acute and Sub Acute Care)
- B-00-07-10093 - Emergency Department: Addressing Violent Behaviour and Early Discharge/Removal
- B-00-12-10157 - Crosstown Clinic: Responding to Behavioural Health Concerns

## Definitions:

**"Behavioural health concerns"** include:

- Attempted or actual use of any physical force so as to cause injury, or threatening statements or behaviours, or any expression of hostile behaviour or threat directed towards others that hurts or causes harm through verbal, physical, psychological or sexual means
- Ongoing abusive and/or foul language (e.g., derogatory name calling, profanity, and yelling), and being disruptive and unresponsive to the direction of staff
- Substance use leading to behaviours that are violent or unsafe
- Unsafe disposal of sharps i.e., leaving used sharps on the floor, in the bed
- Smoking or using substances on the unit, including in the bathroom or bed
- Selling substances on the unit or hospital property
- Refusal of medications, clinical assessments, personal care
- Interfering with patient care, either their own care or the care of other patients
- Breaching the personal space or boundary of staff, such as physically getting face-to-face with staff, entering the nursing station, etc.
- Breaching the personal space of other patients, such as entering other patients' rooms, taking other patients' personal belongings, etc.
- Unwelcome remarks, jokes, innuendo about a person's body, sex, or sexual orientation including sexist comments or sexual invitations
- Unwelcome remarks about a person's race, religion, culture, physical appearance, gender or gender identity
- Display of pornographic or other sexual materials
- Unwanted physical contact such as, but not limited to touching, pinching or hugging
- Vandalizing hospital property

**Interdisciplinary Care Plan** – A trauma-informed care plan that can be initiated by any member of the interdisciplinary team that outlines the patient's goals, triggers, coping mechanisms, and de-escalation/violence prevention strategies. Might also be referred to as a Behaviour Care Plan. **This plan should always be made in consultation with the patient.**

Treatment Plan and Behaviour Contract – A plan initiated by the CMLs and MRPs **in collaboration with the patient** that outlines the unsafe behavior(s) and expected behaviours if the patient wants to continue receiving treatment in hospital. It also communicates alternative treatments/care plans, which may or may not include discharge, which will be initiated if the expected behaviour instructions listed in the behaviour support plan are breached by the patient.

**"Staff"** refers to all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers engaged by PHC.

**"Violence Risk Alert Screen"** – A form that should be completed during the initial assessment for each patient to determine if the patient has a history of or poses a current risk of physical violence.

**"Violence Risk Process Alert"** – An electronic flag in the banner bar that highlights specific violence risk concerns about a patient.

**"Violence Risk Care Plan"** – A plan that outlines a history of behaviours/incidents, risk factors, stressors, and interventions for patients that pose a risk of violence. **This plan should always be made in consultation with the patient.**

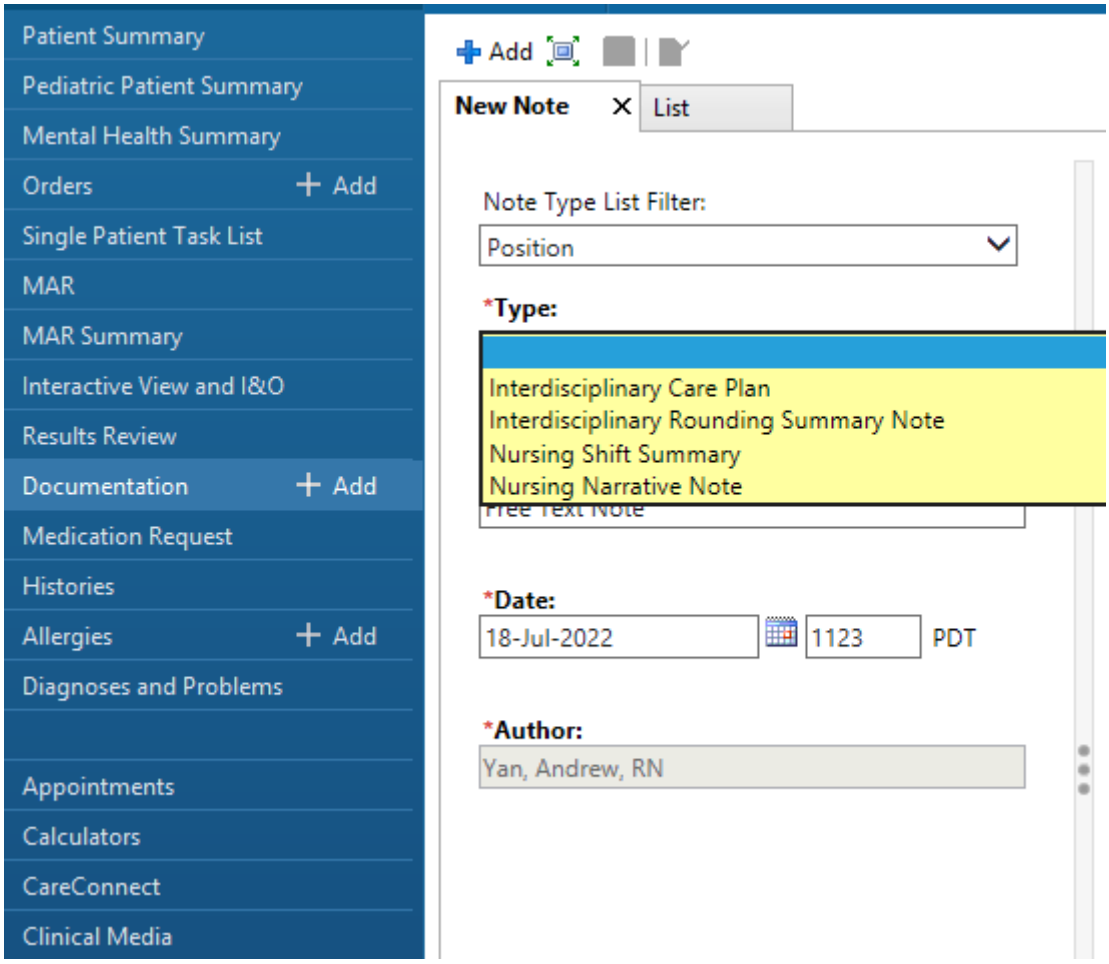
## Appendices

Appendix A – Instructions on how to search for Interdisciplinary Care Plan in Cerner

Appendix B – Treatment Plan and Behaviour Contract

Appendix C-Rights and Responsibilities of Patients Admitted to the Medicine Program (PHC) –Form

## Appendix A – Instructions on how to search for Interdisciplinary Care Plan in Cerner



## Appendix B - Behaviour Support Plan

Providence Health Care Vancouver CoastalHealth

### TREATMENT PLAN AND BEHAVIOUR CONTRACT

* 4 0 4 9 *

Interdisciplinary Care Plan

| |
|---|
| **I have been admitted for:** |
| **BEST TREATMENT PLAN -** My current treatment plan is:<br><br>I understand that this is the best treatment plan for my medical condition. |
| **Hospital staff have noticed that I:** (See reverse for examples)<br><br>I understand that this behaviour is NOT acceptable in the hospital. |
| **EXPECTED BEHAVIOUR INSTRUCTIONS** - I understand I must do the following if I want to continue my treatment in the hospital: (See reverse for examples) |
| **ALTERNATIVE CARE PLAN** - I understand that if I cannot follow these expected behaviour instructions I may be putting other patients and staff at risk. This will lead to the following **alternative care plan (Include detailed instructions if planning for a discharge):** |
| I understand that my unsafe behaviour limits what health care providers and the hospital can do for me.<br>I understand that the **alternative care plan** may create risks to my health.<br>These risks have been explained to me by Dr. _____<br>I agree to follow the **expected behaviour instructions** in order to continue my **best treatment plan in hospital**.<br><br>**Patient signature:** _____ Date:<br>**Attending physician:** _____ Signature: _____ Date:<br>**CNL/PCC/Charge RN:** _____ Signature: _____ Date: |

| **By signing below, I acknowledge I have reviewed and agree with this Treatment Plan and Behaviour Contract.** | | |
|---|---|---|
| Attending physician: | Signature: | Date: |
| Attending physician: | Signature: | Date: |
| Attending physician: | Signature: | Date: |

**Examples of unsafe behaviours that would trigger use of a Treatment Plan and Behaviour Contract**

- Physical violence toward staff (e.g. throwing items, attempts to hit)
- Physical violence toward other patients or toward hospital property (e.g. throwing dynamap machine)
- Continued targeted, verbal aggression with threats

  ✱***NOTE:*** *Patients exhibiting these behaviours should also have a Violence Risk Alert Care plan in place that is relevant and up to date.*
- Continued exhibition of unsafe sharps (e.g. uncapped) in care areas that pose a risk to staff (e.g. garbage can, in bed linens, on food tray, etc.)

  ✱***NOTE:*** *Patients who have continued exhibition of unsafe sharps should also have an Unsafe Sharps care plan associated to ensure proper supports are in place.*
- Theft of hospital property or other patients property
- Inappropriate solicitation of other patients

**Examples of modified behaviours to keep staff and patients safe:**

- Dispose of my sharps in container provided
- Ask for PRN medications when I feel like I need them
- Ask for space when I need it
- Self-check for sharps upon return to ward
- Agree to have my visitors limited
- Agree to have security present

**Examples of alternative care plans**

- Discharge with oral treatment
- Discharge with outpatient IV treatment
- Security at bedside and/or security present for all nursing care
- Restricted visitors or restricted off-ward privileges

**NOTE - For any plan involving discharge from hospital, you MUST include the following information:**

- Is discharge over the weekend and/or night appropriate?
- Where the patient will be discharged to (e.g. provide a shelter line up list)
- Where prescriptions should be faxed and/or if prescriptions should be handed to patient directly
- If anyone else needs to be contacted (e.g. housing staff, outreach team, primary care clinic, home supports, Allied Health)

Providence Health Care | Vancouver CoastalHealth — Promoting wellness. Ensuring care.

## TREATMENT PLAN AND BEHAVIOUR CONTRACT

### PROCESS

- Alert the CNL/PCC as soon as possible when an unsafe incident happens or a pattern of unsafe behaviour has developed so that a plan can be created.
- Consider that if a patient required a behaviour contract on a previous admission they may require one on current admission.
- Consider an expedited discharge – does this patient still require inpatient admission?
- If there is a concern that the patient's mental health is impacting their ability to engage in treatment, consult psychiatry.

### CNL/PCC AND ATTENDING PHYSICIAN ROLES

☐ Review the current unsafe behaviour(s) together.

☐ Discuss the treatment plan and possible alternatives (e.g. outpatient antibiotics)

☐ Fill in the first three boxes of the Treatment Plan and Behaviour, and present information to the patient together.
Be very clear about the alternative plan. (e.g. "if you throw objects at nursing staff again, you will be considered unable to safely stay in hospital and you will receive a prescription for methadone and oral antibiotics then be discharged." )

- For plans involving prescriptions, consider having written prescriptions available for nursing staff to deliver to patients if behaviour occurs during off-hours.

☐ Give opportunity for the patient to come up with strategies for themselves.

☐ Ask "What can we do to help you stop this behaviour?"

☐ Offer supports (see "other considerations" below).

☐ Ask the patient to sign the form and provide a copy to them.

∗**NOTE:** If patient does not sign the form, the behaviour contract **should still be implemented and the alternative care plan will continue**

☐ The plan and contract should not be implemented without first reviewing with the patient. If absolutely necessary, attending physician to write and sign form and liaise with General Practitioner to deliver plan.

### OTHER CONSIDERATIONS

☐ Involve substance use teams for patients who use or have a history of substance (e.g. Addictions Medicine,Consult Team or Complex Pain and Addictions Service) early and frequently.

- Are there any prescriptions that would be necessary upon an imminent discharge?
- Can PRN medications be adjusted?

☐ Consider a psychiatry consult for guidance on sedation medications for behaviours.

☐ Consider an ethics consult for unclear situations.

☐ Utilize pre-existing care plan techniques from previous admissions (e.g. Violence Risk Alert or Unsafe Sharps Support plan).

### WHEN TO REVIEW THE PLAN

☐ The treatment plan and behaviour contract should be reviewed when there is a change in clinical status (e.g., patient developed new pleural effusion and now has a chest tube).

☐ With every new attending physician.

☐ During discharge planning rounds with CNL and Attending present.

### HOW TO FOLLOW THROUGH WITH THE PLAN

☐ If the behaviour occurs, follow the plan 24/7.

☐ Use security presence as necessary and alert attending physician.

☐ Provide any prescriptions or complete follow-up steps needed (e.g., we will call the STOP team with your outpatient appointment time).

### UPON DISCHARGE

☐ Ensure the treatment plan and behaviour contract is left in the chartlet, so it can be scanned to the electronic health record on discharge.

Form No. PHC-NF435 (R. 28 March 2023) Page 3 of 3

# Appendix C - Rights and Responsibilities Form of patients admitted to the medicine program (PHC)

Providence HEALTH CARE

**RIGHTS AND RESPONSIBILITIES OF PATIENTS ADMITTED TO THE MEDICINE PROGRAM**

Patient/Client Agreement

St. Paul's Hospital is a place of healing. We recognize that being in hospital is stressful for patients and their families and our goal is to provide a safe environment for all our patients, families, visitors and staff.

**AS A PATIENT YOU HAVE THE RIGHT TO:**

- Be treated with compassion, respect, empathy and dignity regardless of your gender identity, culture, educational or religious background, sexual orientation or substance use.
- Culturally safe care, including access to our Spiritual Care Practitioners and the Indigenous Health Team.
- Have your personal privacy respected. Your confidential information will only be shared within your care team.
- A consultation with an addictions specialist to help you with pain, withdrawal, and cravings.
- Refuse treatment and only receive the care that you or your authorized legal representative, have consented to.
- Participate, along with your family, in creating your plan of care with the integrated healthcare team while you are in the hospital and when you leave the hospital.
- Speak to the Clinical Nurse Leader, manager or an independent person, if you feel any of these rights have been violated. Our Patient Care Quality Officer can be contacted at 604-806-8284.



**THE RESPONSIBILITIES OF PATIENTS ADMITTED TO THE MEDICINE PROGRAM:**

- Treat staff and other patients with respect. The use of abusive or discriminatory language, or physical threats/assaults, including use of weapons, will not be tolerated.
- Participate in your care plan so we can best treat the condition you have been admitted with.
- Inform your nurse before leaving the unit. If you leave the hospital and do not come back within 6 hours, you will be discharged.
- Tell us about the substances you use. This will help us plan your care and make sure you are getting the right treatment. Please tell your nurse if you have pain or withdrawal symptoms. We can help you.
- DO NOT use non-prescribed substances on the ward.

*Continued on next page*

**RIGHTS AND RESPONSIBILITIES OF PATIENTS ADMITTED TO THE MEDICINE PROGRAM**

Patient/Client Agreement

**RESPONSIBILITIES OF PATIENTS (continued)**

- Dispose of all sharps in the sharps containers provided. If you would like your own container at your bedside, please ask your nurse.
- If you feel the need to use substances, there are harm reduction supplies available, please ask your nurse. There is an overdose prevention site on fourth floor in the Burrard Building near the cafeteria.
- Respect the privacy of other people on the unit.
- DO NOT steal from the hospital or from other patients. We may call security and the police.
- Keep the floor around your bed clear to ensure everyone's safety.
- DO NOT keep perishable food at your bedside. Store it in the patient fridge.
- Bring only the belongings you need, which will fit in the locker beside your bed.
  If anything is lost or stolen, we are not responsible.
  **Any valuables (money or jewelry) should be stored at Cashier's office.**
- Give us constructive feedback regarding our services.

**ADDITIONAL SAFETY GUIDELINES:**

- For everyone's safety, only you may sleep in your bed.
- To ensure quiet and rest for all patients, visitors must leave by 10 pm.
- Turn off the lights and keep noise to a minimum after 10 pm.
- For everyone's safety, weapons are not allowed on the unit.



**I acknowledge that I understand the Rights and Responsibilities of patients admitted to the Medicine Program as they have been explained to me. I have had an opportunity to ask questions about the unit and my questions have been answered.**

Client Name: _____

Signature: _____ Date: _____

Staff Name: _____

Signature: _____ Date: _____

- Patient Care Managers, Educators, Performance Improvement Consultant, SPH Acute Medicine
- Dr. Janet Simon Physician Program Director, Medicine, Older Adult and Palliative Care
- Andrea Lam, Violence Prevention Advisor
- Elizabeth Dogherty, Clinical Nurse Specialist, Substance Use
- Naomi Watt, Clinical Nurse Educator, Substance Use/Urban Health
- Sara Charlton, Patient Care Manager, Patient Flow Systems Navigation
- Practice Consultants, Professional Practice
- Patient Partner, Medicine Program
- Camille Ciarniello, Risk Management
- Social Worker, Medicine Program

| **APPROVALS** | | |
|---|---|---|
| *(e.g. Director)* | *Program Director, Medicine* | *January 19. 2023* |
| *(e.g. Manager)* | *Patient Care Manager, SPH Medicine*<br>*Patient Care Manager MSJ Medicine* | *January 19. 2023* |
| **DEVELOPERS/OWNER** | | |
| *(e.g. Developer Team Members)* | | *January 19. 2023* |

| **REVISION HISTORY** | | | |
|---|---|---|---|
| Revision# | Description of Changes | Prepared by | Effective Date |
| *OO* | *Initial Release* | | *Feb 1, 2023* |
| *01* | *Minor revisions* | | *June 21, 2023* |