Better Together: Sustaining Person & Family Centered Care in Escalated Situations Involving Visitors and Family Members

Site Applicability

Applicable at all PHC sites, where in any situation where a family member's or visitor's behaviour may disrupt the safe delivery of care for patients and residents.

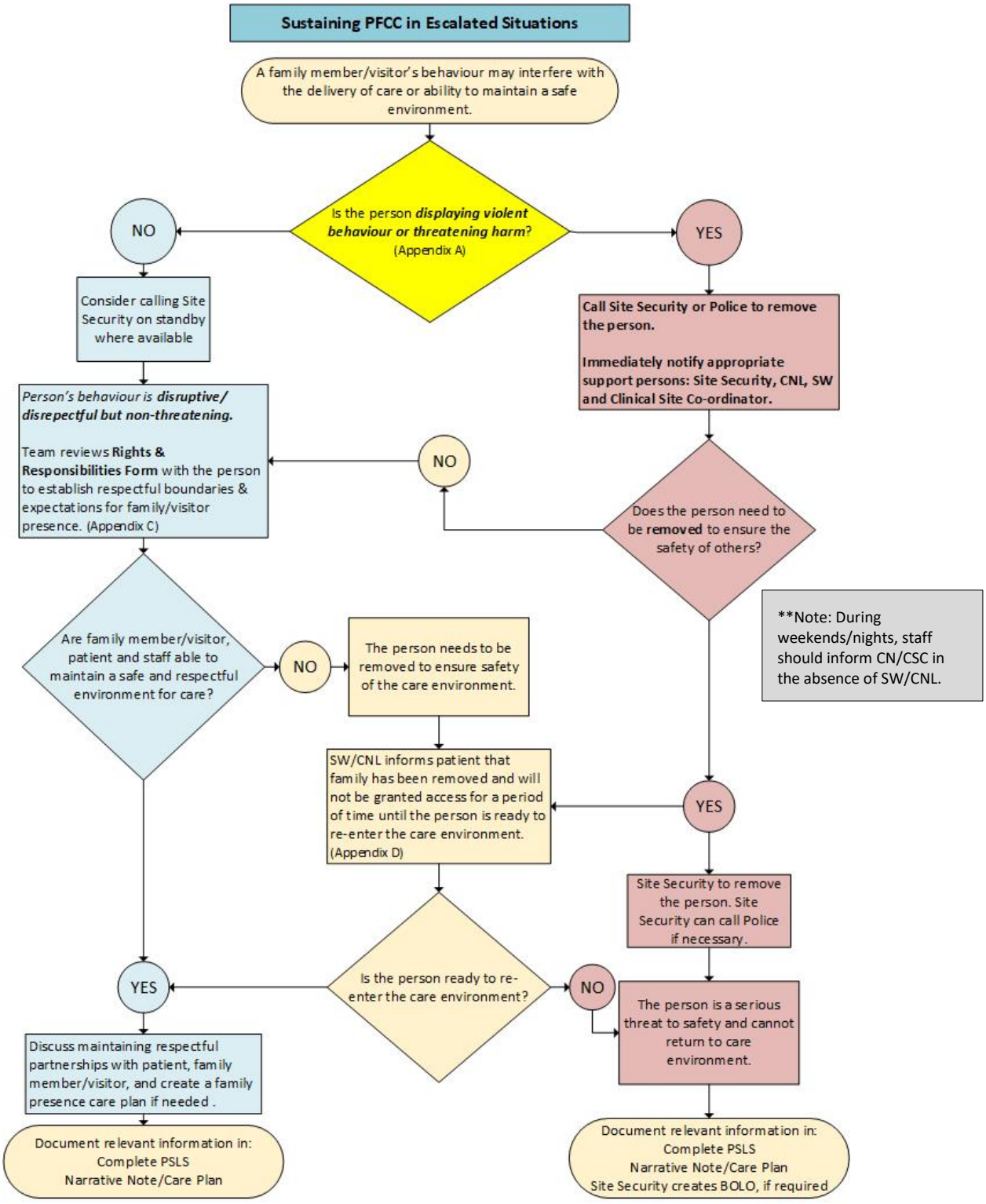
Practice Level – Basic Skill

1. Physicians and Nurse Practitioners (NPs)
2. Patient Care Managers (PCMs) and Clinical Site Coordinators (CSC)
3. Social Workers (SWs)
4. Registered Nurses (RN), Registered Psychiatric Nurses (RPN) and Licensed Practical Nurse (LPN)
5. Patient Care Aides (PCA) and Residential Care Aides (RCA)
6. Site Security

Requirements

Providence Health Care (PHC) is responsible for providing a safe and healthy environment for all individuals within its programs, departments, services and facilities, including patients, residents, family members, visitors, volunteers and the public. As well, PHC has a legal responsibility as mandated by the *Workers Compensation Act* to ensure all staff is provided a safe working environment that is free from violence, aggression and harassment (For more information, refer to Managing Disrespectful, Violent, or Aggressive Behaviours of Visitors policy).

Algorithm: Sustaining Person & Family Centered Care during Escalated Situations



Need to Know

1. Providence Health Care is committed to person and family centred care.
2. The needs of patients and residents are balanced with maintaining a safe and respectful environment that respects the rights of staff, other patients and families and visitors.
3. Staff have a right to a safe workplace and harassment or threatening behaviour will not be tolerated.
4. The goals of this guideline is to ensure consistent practices in:
   4.2 Minimizing the risk and decreasing the frequency of escalated situations involving visitors and family members exhibiting any disrespectful, disruptive, threatening o violent behaviours towards staff and other patients, residents or visitors/family members.
   4.3 Maintaining a safe environment for all patients, family members, visitors and staff while sustaining respectful partnerships with patients and family members during escalated situations when they occur.

Guideline

1. **Roles and Responsibilities**

Profession	Basic Skill	Responsibilities
PCA/RCA	Assess behaviours Respectful communication De-escalation strategies	Consult with nurse, Charge Nurse (CN)/Clinical Nurse Leader(CNL) and Site Security (if required) to determine appropriate response level Participate in discussions about respectful behaviour with patient, family members and visitors
LPN/RN/RPN	Assess behaviours Respectful communication De-escalation strategies Documentation	Consult with Charge Nurse (CN)/Clinical Nurse Leader(CNL), Social Worker, Clinical Site Coordinator (CSC) and Site Security (if required) to determine appropriate response level Participate in discussions about respectful behaviour with patient, family members and visitors Document incident and any follow-up in Patient Chart (see Documentation)

Profession	Basic Skill	Responsibilities
CN/CNL	Assess behaviours Respectful communication De-escalation strategies Documentation Unit leadership	Consult with nurse, Social Worker, CSC and Site Security (if required) to determine appropriate response level Report to Patient Care Manager/Most Responsible Physician/NP Participate in or lead discussions about respectful behaviour with patient and family member Document incident and any follow-up in the Patient Chart. Communicate with patient Debrief with staff Establish a care plan with patient and family member/visitor i.e. Family Presence Care Plan
Social Worker	Assess behaviours Respectful communication De-escalation strategies Documentation	Consult with nurse, CN/CNL, CSC and Site Security (if required) to determine appropriate response level Participate in or lead discussions about respectful behaviour with family member Document any relevant conversations with patient or family in the Psychosocial Assessment PowerForm (Cerner) or Interdisciplinary Notes (Paper Chart) Debrief with staff Establish a care plan with patient and family member/visitor/ i.e. Family Presence care plan
Clinical Site Co-ordinator (CSC)	Assess behaviours Respectful communication De-escalation strategies Documentation	Consult with RN/LPN, CN/CNL, Social Worker and Site Security (if required) to determine appropriate response level Participate in or lead discussions about respectful behaviour with patient, family members and/or visitors Follow-up on documentation and reporting incident Report incident to PCM/MRP

Profession	Basic Skill	Responsibilities
Site Security	Assess behaviours Respectful communication De-escalation strategies Documentation *Note: Site Security availability, roles and responsibilities may vary between sites.*	Consult with RN/LPN, CN/CNL, Social Worker and CSC to determine appropriate response level Assist in removal of family member/visitor as directed by clinical staff
Patient Care Manager (PCM)	Assess behaviours Respectful communication De-escalation strategies Documentation	Consult with Risk Management, Patient Relations, Integrated Protection Services and/or Violence Prevention Participates in or leads family meeting to address family member/visitor behaviour Develop a care plan with patient and family member/visitor i.e. Family Presence care plan Debrief with staff Ensure follow-up on documentation
Most Responsible Physician (MRP) and Nurse Practitioner (NP)	Assess behaviours Respectful communication De-escalation strategies Documentation	Participates in or leads family meeting to address family member behaviour Develop a care plan with patient and family member/visitor i.e. Family Presence care plan Document discussion appropriately.

Decision Considerations:

In situations where family members/visitors exhibit behaviour that is disrespectful, disruptive, threatening or violent, clinical and staff leaders have a duty to and must immediately protect the safety of patients, residents, other visitors/family members, and staff (Refer to Appendix A). Clinical and staff leaders must also show compassion and recognize that the family member/visitor may be under considerable stress.

Respectful partnerships between staff, patients and family are the basis of Person and Family Centered Care. Family presence must strike a balance between respect for a patient or family member's needs while also protecting the safety and privacy of patients, residents, visitors/family members and staff.

While the Family Presence policy encourages family members to actively engage in patient care by supporting family to be present at any time of day and for as long as the patient would like (Family Presence Policy), a**ll** visitors and family members are required to act in accordance with the Respect at Work Policy. Acceptable behaviour includes demonstrating respectful, polite and courteous

actions and words. When family members/visitors' behaviour infringes upon others' rights, or safety, they will be asked to leave (See Appendix A).

Care plans to mitigate violence risk could include: a focused behaviour conversation or removal of the family member/visitor from the site - depending on the overall risk (Refer to Appendix B). These decisions should be made with transparency and in collaboration with all team members where possible.

The removal of a family member/visitor from the site is a last resort after all reasonable efforts are exhausted to de-escalate the situation and maintain the safety of all. Family member/visitor should be aware of the consequences of their behaviour. Considerations may include:

- The identified risk will depend on staff's perception of risk and the understanding that individuals may differ in their risk tolerance.
- Determine if the identified risk is a safety concern to the Staff and the safety of other patients, family members and visitors should be in consideration (i.e. posing a serious risk of harm to themselves and/or others).

In situations not involving immediate risk to the safety of others, a progressive approach is to be used to address behaviour issues, striving for a minimal level of intrusion upon the autonomy of the family member and patient or resident. (See Appendix A)

Responding to Disruptive, Aggressive or Violent Behaviour

The following section provides 3 scenarios where staff must respond to disruptive, aggressive or violent behaviour with steps for how to address each situation. De-escalation strategies should be attempted calmly first. If de-escalation is unsuccessful and posing a serious risk of harm to others in behaviour, the steps outlined will provide a guide for staff decision-making. These steps may be altered or occur in a different order depending on the level of risk and resources available at the time.

Scenario 1: Responding to a family member/visitor exhibiting violent threats or behaviour that may cause immediate harm to others. E.g. Kicking, punching or grabbing at staff, patient or other visitors/family; throwing objects at staff, patients or other visitors/family; damaging property.

Steps:

1. Call Code White (7111) or Police.
   (Note: Site Security will begin the initial Threat Assessment Management. Police are called for incidents involving active act of criminality including property damage, and physical assault).
2. Family member/visitor removed.
3. Notify Unit CNL and/or Social Worker. Also notify the CSC on evenings or weekends.
4. CNL or Social Worker speak with patient and notifies them that the family member/visitor has been removed and will not be granted access for a period of time.

5. CNL or Social Worker speak with patient about their expectations for family presence going forward
6. CNL or CSC update PCM and MRP.
7. If required, Site Security creates "Be On the Look Out (BOLO)"; If a BOLO is created, a copy should be provided to unit and distributed with appropriate instructions. Contact Site Security Lead for more information.
8. CNL/RN/LPN ensure any visitor restrictions and relevant documentation are completed in CERNER or paper chart (See page 8 for documentation details).
9. CNL/RN/LPN document the incident in PSLS.
10. CNL arranges debriefing with staff.

If possible:

11. CNL/SW/RN plan for re-introducing family to hospital in partnership with patient and family member/visitor and establish a mutual code of conduct to abide by.
12. PCM & MRP hold family meeting – provide details of a family presence plan and copy for family member/visitor, answer any questions.
13. PCM consult with Violence Prevention, Integrated Protection Services (IPS), Risk Management, Workplace Health, Communications and/or Patient Relations if required i.e. family member/visitor has made an explicit threat to harm staff/others; family member/visitor has ongoing challenging behaviour that has continued to escalate; staff feel unsafe and have challenges managing the family member/visitor's behaviour.

Scenario 2: Responding to a family member/visitor displaying disruptive behaviour without threat of immediate harm. E.g. Spitting, Swearing/offensive language, slamming down objects

Steps:

1. Notify CNL/CN. Also included CSC on evenings and weekends.
2. CNL/CSC notifies unit Social Worker, PCM to determine if immediate intervention required.
3. Contact Site Security and place on stand-by to assist in de-escalating and possible removal if your site has security.
4. CNL with RN have a focused behaviour conversation with patient and family member/visitor that attempts to establish boundaries of respectful partnership.
5. CNL, RN, the patient and family member/visitor are to collaboratively develop a care plan that supports the patient's and family member's/visitor's needs for family presence. (See Appendix C, Appendix D & Appendix F)
6. CNL ensures relevant documentation is completed.

If disruptive behaviour continues, team determines if family member/visitor needs to be removed or another focused behaviour discussion is appropriate. (See Appendix B)

If family member/visitor needs to be removed for a "cooling off period":

1. CNL or Social Worker speak with patient and notifies them that the family member/visitor has been removed and will not be granted access for a period of time. The period of time will be depend on the family members'/visitors' readiness to resume visitation. CNL or Social Worker is to communicate with the patient and family member/visitor.

2. CNL or Social Worker speak with patient about their expectations for family presence going forward
3. CNL or CSC update PCM and MRP
4. CNL/RN/LPN ensure any visitor restrictions and relevant documentation are completed in CERNER. *Family member/visitor restriction should be explicitly communicated during Nursing Handover.*
5. CNL arranges debriefing with staff.
6. CNL/NP/SW/RN/LPN plan for re-introducing family to hospital in partnership with patient and family member/visitor and establish a mutual code of conduct to abide by.
7. PCM & MRP/NP hold family meeting – provide details of a family presence plan and copy for family member/visitor, answer any questions.

Scenario 3: Responding to a family member/visitor interfering with or refusal of implementation of care plan. E.g. preventing staff from giving medication, providing personal care; tampering with IV equipment.

Steps:

1. Determine if there is an immediate threat to patient safety through discussion with CNL, other staff members and CSC on evenings and weekends. Consider patient's comfort level in discussing concerns around family member/visitor.

   ***If care team determines the situation is not an immediate threat to patient safety**:*

   - MRP/NP/CNL with primary RN/LPN has a focused behaviour conversation with patient and family member/visitor that attempts to establish boundaries of respectful partnership. (Refer to Appendix B)
   - CNL with primary RN work with the patient and family member/visitor to develop a care plan that supports the patient's and family member's/visitor's needs for family presence (See Appendix C, Appendix D & Appendix F)
   - CNL ensures relevant documentation is completed.
   - If disruptive behaviour continues, team determines if family member/visitor needs to be removed or another focused behaviour discussion is appropriate.

   If care team determines the situation is an immediate threat to patient safety:

   - Team determines if family member/visitor needs to be removed for a "cooling off period."
   - The urgent line (5800) can be utilized to request security services to remove someone from the unit for sites with security.
   - Call a Code White (7111) or Police for incidents involving active act of criminality including property damage, and physical assault.
   - CNL or Social Worker speak with patient and notifies them that the family member/visitor has been removed and will not be granted access for a period of time.
   - CNL or Social Worker speak with patient about their expectations for family presence going forward

- CNL or CSC update PCM and MRP.
- If required, Site Security creates "Be On the Look Out (BOLO)"; If a BOLO is created, a copy should be provided to unit and distributed with appropriate instructions. Contact Site Security Lead for more information.
- CNL/RN ensure any visitor restricts and relevant documentation are completed in CERNER. *Family member/visitor restriction should be explicitly communicated during Nursing Handover.*
- CNL arranges debriefing with staff.

If possible:

- CNL/SW/RN plan for re-introducing family to hospital in partnership with patient and family member/visitor and establish a mutual code of conduct to abide by.
- PCM & MRP hold family meeting – provide details of plan and copy for family member/visitor, answer any questions.

Site Specific Practices

8A Staff only:

May call Red Flag Meeting when appropriate to debrief and update staff within 48 hours of an incident.

Reporting

- Report the incident to the Provincial Workplace Health Call Centre 1-866-922-9464 if staff were injured/potentially injured by the family member/visitor's behaviour. This includes incidents where staffs were **not** physically harmed but their mental, emotional, psychological or spiritual well-being was impacted.

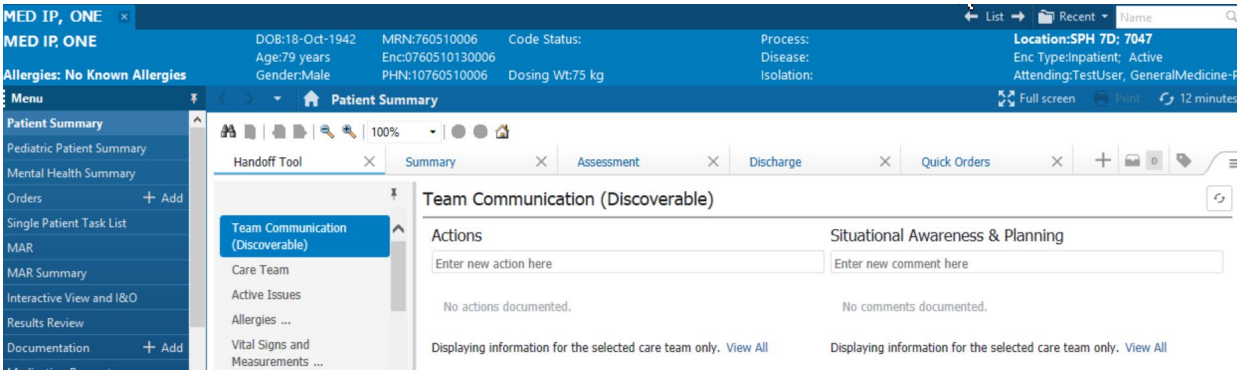
Documentation

- Document the *management* of each stage in Patient Safety Learning System as per organizational requirements.
- Ongoing documentation of each progression stage is required, including improvements in the family members'/visitors' behaviour patterns.
- During high risk incidents with an identified risk of criminal activity, "Be on the Look Out" (BOLO) is created by Site Security for staff awareness. If a BOLO is created, a copy should be provided to unit and distributed with appropriate instructions. Contact Site Security Lead for more information.

CERNER Documentation:

- Visitor/Family Information updated in Admission History Adult PowerForm (Nursing) or the Psychosocial Assessment PowerForm (SWs)
- Visitor/VIP Status if required
- Document the incident or specifics of agreed upon care plan such as Interdisciplinary Care Plan or Special Care Plan in *Situational Awareness & Planning* in the *Handoff Tool* in the *Patient*

Summary. Describe the visitor/family member's behaviour using objective, detailed language. E.g. What did the individual say/do? When/where did the incident(s) occurred? Who was present? Etc.



NON-CERNER Documentation (Paper Chart):

- Violence Risk Screen and Interventions Plan
- Document the incident or specifics of agreed upon care plan such as Interdisciplinary Care Plan or Special Care Plan in *Interdisciplinary Progress Notes* or *Nurses Notes* describing the visitor/family member's behaviour using objective, detailed language. E.g. What did the individual say/do? When/where did the incident(s) occurred? Who was present? Etc.
- In long-term care sites (LTC), consider creating a Behavioural Care Plan for the family member/visitor (Appendix F)

Staff Support Following Incidents

- Any staff member intentionally assaulted by a patient or family member/visitor has the right to report the incident to the police.
- If a staff member(s) sustained injuries contact site security (Local 4777), your designated First Aid Responder and/or Emergency Department to provide first aid services. Site Security/designated First Aid Responder will complete a First Aid Record (formal documentation that will help support the WorkSafeBC claims process).
- Any staff member or visitors who were involved or witnessed the incidents should have a follow up conversation to debrief about the incident. Debriefing reduces stress caused by stressful incidents such as Code White (Healy & Tyrrell, 2012).

Risk Assessment

Integrated Protection Services will assist with a formal comprehensive Threat Assessment for incidents where staffs are threatened (Local 4777 for non-urgent requests).

Violence Prevention Advisors are also available at violenceprevention@providencehealth.bc.ca to provide consultation, resource information, training and assistance.

Patient and Family Education

- Review Rights and Responsibilities Form (Appendix C)

Related Documents

Related Policies

1. B-00-11-10200 - Family Presence policy
2. B-00-11-10198 - Managing Disrespectful, Violent, or Aggressive Behaviours of Visitors
3. B-00-07-10093 - Emergency Department: Addressing Violent Behaviour and Early Discharge/Removal
4. B-00-11-10190 - Code White Emergency Response
5. B-00-11-10162 - Respect at Work policy
6. B-00-11-10196 - Violence Prevention in the Workplace policy
7. B-00-11-10177 - Pets

Related Procedures

1. B-00-12-10157 - Crosstown Clinic: Clinic Responding to Behavioural Health Concerns

References

1. *Better together.* Canadian Foundation for Healthcare Improvement (n.d.). https://www.cfhi-fcass.ca/what-we-do/spread-and-scale-proven-innovations/better-together
2. Healy, S., & Tyrrell, M. (2012). Importance of debriefing following critical incidents. *Emergency Nurse, 20*(10), 32-38.
3. Spencer, P. & Parent, K. (2017, April 17). *Partnering with security to sustain PFCC in escalated situations* [PowerPoint Slides]. Institute for Patient-and Family-Centered Care.

Definitions

"Disrespectful, Aggressive or Violent" behaviour includes attempted or actual use of any physical force to cause injury, threatening statements or behaviours, or any expression of hostile behaviour or threat directed towards others that hurts or causes to harm through verbal, physical, psychological or sexual means. Behaviours also deemed unacceptable include but are not limited to, using abusive and/or foul language, apparent alcohol and/or drug intoxication, and being disruptive or unresponsive to the direction of staff.

"Disruptive Persons" are defined as those that place patient, resident, family, friends, staff, persons or facilities at risk and infringe upon others' rights and/or safety.

"Family" is defined by the patient or resident. When the patient or resident is unable to define family, the patient or resident's substitute decision maker provides the definition. Family members are the people who provide the primary physical, psychological, or emotional support for the patient or

resident. Family is not necessarily limited to blood relatives. Family members are encouraged to be involved and supportive of the patient or resident and are integral to the overall well-being of the patient or resident.

"Patient or resident" is an individual under the care of the hospital/residential care setting who has his or her own set of beliefs and habits, and his or her own unique family and support group.

"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.

"Visitor" refers to persons who come to spend time with the patient that are not defined by the patient as family. Visitors *do not* offer the level of physical, psychological, or emotional support that family members provide nor are visitors considered to be integral to the overall well-being of the patient or resident.

Appendices

- Appendix A: Identifying Disruptive vs. Threatening Behaviour
- Appendix B: Focused Behaviour Conversation Tip Sheet
- Appendix C: Rights and Responsibilities of Patients Admitted to the Medicine Program (PHC) – FormFast
- Appendix D: Managing Disrespectful, Violent or Aggressive Behaviours of Visitors - Letter Template for Patient Care Managers
- Appendix E: Residents' Bill of Rights
- Appendix F: Example of Behavioural Care Plan for Family Member

Appendix A: Identifying Disruptive vs. Threatening Behaviour

The approach used to try to maintain respectful partnership with patients, family members and visitors may depend on the staff perception of risk (everyone has different risk tolerance) and personal safety. This list is not exhaustive but gives examples of disruptive behaviours, which may be resolved after a focused conversation, and examples of threatening behaviours that may be emergent and possibly result in the removal of the family member/visitor. Choosing the appropriate response may require a discussion with clinical leaders.

Disruptive Behaviours	Threatening Behaviour
• Swearing/offensive language e.g. name calling • Shouting at staff, patients or other visitors/family • Preventing staff from providing required care safely, e.g. giving medication, personal care and/or assessments • Suspected tampering of equipment e.g. IV equipment, feeding tube, oxygen • Ignoring clinical orders or care practices, e.g. mobilizing patients without proper assistance, giving patient solid food when NPO or dietary restrictions in place. • Glaring • Slamming items down • Demeaning gestures that are rude or condescending • Throwing objects generally (no intention to hit staff, patient or other visitors/family) • Selling/bringing/using alcohol/drugs/substances • Misuse of hospital resources (e.g. sleeping in patient bed, showering, eating a patient's food) • Filming staff/patients/residents/clients • Bringing animals/pets to intimidate others and/or violate PHC's Pet Policy	• Verbal threats directed at staff, patients or other visitors/family (e.g. threats to sue, get staff fired, report staff to management, harm staff, go to the media) • Brandishing/using a weapon • Kick, punch or grab at staff, patients or other visitors/family • Attempted strangulation • Breaching the personal space/boundary of staff or other visitors/family • Fighting with patients, visitors or family • Throwing objects at staff, patients or other visitors/family • Damaging Property • Unwelcome remarks, jokes, innuendo about a person's body, sex, or sexual orientation including sexist comments or sexual invitations • Display of pornographic or other sexual materials • Actual violent behaviour (physical or sexual assault) and/or unwanted physical contact such as, but not limited to touching, pinching or hugging • Making false accusations of staff misconduct/criminal behaviours • Spitting

Appendix B: Focused Behaviour Conversation Tip Sheet

This document provides some tips for how to approach a conversation with patients, family members and visitors that focuses on addressing the disruptive behaviour and promoting a respectful partnership.

Respectful partnerships are the basis of Person and Family Centred Care. When a patient, family member or visitor is behaving in a way that disrupts safe care provision a conversation needs to happen with patients and family members to establish boundaries that support a respectful partnership.

The goal of these conversations is to address the disruptive behaviour in order to maintain a safe environment for care and support patients, family members and visitors in meeting their health care goals. Clinical leaders can be a resource for facilitating these conversations. These conversations should only be held if staff feels safe to engage with the family member/visitor and patient. Safety measures should be taken if staff anticipate a negative reaction during the conversation from the family member. This may include having Security standby outside the room, clearing the room of potential weapons, positioning staff closest to the door, ensuring other staff are aware of meeting, wearing panic alarm, meeting in a room with 2 exits, and meeting in a room where others can hear/monitor what is happening.

Tips for a Focused Behaviour Conversation:

- Approach the patient and family member/visitor in a calm manner
- Ensure privacy if possible
- Clarify that the patient and family member/visitor understand what is happening
- Remain objective and focused on the disruptive behaviour observed. For example: *"It isn't safe for everyone on the unit when you [describe disruptive behaviour]. I need you to stop [describe the disruptive behaviour] to keep this a safe space."*
- Explain the importance of providing a safe and respectful environment for care.
- Review behaviours expected that support a safe and respectful environment for all. Consider using the Rights and Responsibilities of Patients Admitted to the Medicine Program on FormFast
- Listen to understand, finding meaning and agreement with the patient and family member
- Clarify the patient and family member's needs for family presence to work together towards a commonly agreed upon care plan

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

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: _____

Appendix D: A Sample Letter to Visitors for Patient Care Managers

Dear (Visitor name):

Providence Health Care values family/visitor visits of patients/clients/residents (pick one) in our spaces, and we will do everything we can to support these visits.

However, family member/visitors have a responsibility to manage their own behaviours and actions by, treating others with dignity and respect towards other patients/clients/residents, physicians and staff while at a Providence Health Care site.

Since_____(date), it has been observed that your behaviour/actions have been _____(describe: disrespectful, aggressive or violent). Examples of noticed behaviours we consider as disrespectful to the care setting are as follows:

List observed behaviours, for example:

- Recording conversations or actions without authorization of all parties, despite having been asked to not do so
- Swearing
- Shouting, verbally threatening
- Interfering in patient care)

As you were advised on_____(date), limitations to your visiting would be considered if this behaviour continues.

I am now writing to inform you that as a result of these ongoing issues, as observed on _____ (date), we now find it necessary to limit your access to _____(program/service/facility).

Please be advised that from (date) to (date) the following limitations will be in place:

- list out progressive approach (supervised visits, time restrictions per day)
- Length of time restrictions apply
- process of regular review of restrictions to remove or increase

If you disagree with these limitations, please contact the Manager of this program_____(name), _____(phone).

Signed:

_____

Manager Signature
Program/Service/Facility-unitcc Visitor
cc Integrated Protection Services Risk Management

(Please note: It is recommended a conversation between the program Manager and the visitor and review this letter together.)

Appendix E: Residents' Bill of Rights

BRITISH COLUMBIA
The Best Place on Earth

RESIDENTS' BILL OF RIGHTS

Commitment to care

1. An adult person in care has the right to a care plan developed:
   - **(a)** specifically for him or her, and
   - **(b)** on the basis of his or her unique abilities, physical, social and emotional needs, and cultural and spiritual preferences.

Rights to health, safety and dignity

2. An adult person in care has the right to the protection and promotion of his or her health, safety and dignity, including a right to all of the following:
   - **(a)** to be treated in a manner, and to live in an environment, that promotes his or her health, safety and dignity;
   - **(b)** to be protected from abuse and neglect;
   - **(c)** to have his or her lifestyle and choices respected and supported, and to pursue social, cultural, religious, spiritual and other interests;
   - **(d)** to have his or her personal privacy respected, including in relation to his or her records, bedroom, belongings and storage spaces;
   - **(e)** to receive visitors and to communicate with visitors in private;
   - **(f)** to keep and display personal possessions, pictures and furnishings in his or her bedroom.

Rights to participation and freedom of expression

3. An adult person in care has the right to participate in his or her own care and to freely express his or her views, including a right to all of the following:
   - **(a)** to participate in the development and implementation of his or her care plan;
   - **(b)** to establish and participate in a resident or family council to represent the interests of persons in care;
   - **(c)** to have his or her family or representative participate on a resident or family council on their own behalf;
   - **(d)** to have access to a fair and effective process to express concerns, make complaints or resolve disputes within the facility;
   - **(e)** to be informed as to how to make a complaint to an authority outside the facility;
   - **(f)** to have his or her family or representative exercise the rights under this clause on his or her behalf.

Rights to transparency and accountability

4. An adult person in care has the right to transparency and accountability, including a right to all of the following:
   - **(a)** to have ready access to copies of all laws, rules and policies affecting a service provided to him or her;
   - **(b)** to have ready access to a copy of the most recent routine inspection record made under the Act;
   - **(c)** to be informed in advance of all charges, fees and other amounts that he or she must pay for accommodation and services received through the facility;
   - **(d)** if any part of the cost of accommodation or services is prepaid, to receive at the time of prepayment a written statement setting out the terms and conditions under which a refund may be made;
   - **(e)** to have his or her family or representative informed of the matters described in this clause.

Scope of rights

5. The rights set out in clauses 2, 3 and 4 are subject to:
   - **(a)** what is reasonably practical given the physical, mental and emotional circumstances of the person in care;
   - **(b)** the need to protect and promote the health or safety of the person in care or another person in care, and
   - **(c)** the rights of other persons in care.

These rights are posted pursuant to section 7 (1)(c.1)(ii) of the *Community Care and Assisted Living Act*

Appendix F: Example of Behavioural Care Plan for Family Member

Observed behaviour descriptions (prioritize highest risk behaviours)	Underlying causes or risk factors	Stressors or behaviours that may occur prior to escalated incident(s)	Interventions
• Family member yelling, swearing and using threatening language at staff (i.e. "I'm going to get you fired! You're completely incompetent!) when there is a delay in care (i.e. toileting)	• Fear/anxiety regarding loved one's diagnosis • Loss of control	• Delay of care • Following staff/invading staff member's personal space • Criticizing staff about quality of care	• Use team approach (2 to 3 staff) where one staff member acknowledges the family member's concerns and assesses their emotional state. The other staffs provide a show of presence and do not engage with family member. • Maintain personal distance. • Set boundaries e.g. "I can see you are very frustrated. It's hard for me to help you when you're yelling and swearing. Please lower your voice."

(Source: Island Health Authority, April 2017)

Persons and Groups Consulted:

Violence Prevention Advisor
PHC Ethicist
Integrated Protection Services
PHC Professional Practice Committee
Manager, Violence Prevention & Wellness
Manager, Clinical Excellence and Program Education, Long Term Care
Patient Care Manager, Long Term Care

Developed by:

General Nurse Educator, Patient and Family Centred Care
Practice Consultant, Person and Family Centred Care
Integrated Protection Services
Patient Partners
Patient Care Manager Urban Health
Patient Care Manager, SPH Emergency Department
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Clinical Nurse Leader, Medicine
Clinical Nurse Leader, Urban Health
Nurse Educator, Urban Health
Patient Care Manager, Ambulatory Care and Medicine
Professional Practice Leader, Social Work
Social Work

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