

Triggers and Care Planning

Background

This tool was originally developed for hospitals as part of the Workplace Violence Prevention in Health Care Leadership Table. It has been adapted for long-term care homes to address the needs of the sector.

Long-term care homes are an environment where residents often feel vulnerable and anxious. This can include, for example, aging residents and their caregivers/care partners, individuals experiencing a physical or mental health crisis, those needing addiction support, and residents who have unmet needs they are unable to express. According to the Canadian Institute of Health Information (CIHI) (2015-16), fifty percent of residents with dementia in long-term care exhibit responsive behaviours. Some examples of responsive behaviours include: verbal or physical aggression (striking, self-harm), exit seeking, resistance to personal care, refusal to eat/take medication, etc. These behaviours may be due to a number of factors including an unmet need (e.g. pain, environment (hot/cold), feeling hemmed in, influences of other residents/staff and social history). Despite the fact that an aggressive action stemming from a responsive behaviour may be due to dementia or an unmet need, if it leads to an aggressive action against a worker in a workplace and meets the definition of workplace violence under the *Occupational Health and Safety Act*, (OHSA), it is considered workplace violence (herein referred to as workplace violence). Workplace violence in long-term care homes can originate from a number of sources, including from residents and their families and friends or other external people and/or from any employee associated or formerly associated with the workplace.

In order to prevent workplace violence, employers must implement workplace violence policies, measures, procedures and programs, conduct risk assessments and re-assessments for the risks of workplace violence, establish measures and procedures for: summoning immediate assistance when violence occurs or is likely to occur, reporting violent incidents and investigating incidents and complaints of violence, and providing information, education and training to workers so they may recognize and be protected from workplace violence. Employers, typically represented by senior management, hold the greatest responsibility with respect to worker health and safety within health care workplaces such as long term care homes.

Triggers and Care Planning in Workplace Violence Prevention

This resource has been developed to enhance and advance knowledge, skills and culture in the area of triggers and care planning, in the service of reducing violence and safety risks in long-term care homes. Using this tool will help better protect the health and safety of workers and residents and assist in creating a better overall resident care experience. Like many safety-oriented improvement goals, implementation of leading safety practices requires both adequate training, frontline knowledge of key practices, as well as adequate environmental infrastructure, and operationalization into standard frontline work, while sustaining leader and manager-level oversight to ensure the safety gains of this resource package and recommended processes.

Adoption of standardized approaches to risk factor and trigger management varies both amongst and within health care settings. This resource is intended to facilitate reflection amongst a wide variety of long term-care home employers and clinicians on the strengths and opportunities in their current procedures and approaches to predict, recognize and prevent workplace violence in long-term care homes, and advance their workplace violence program and practices to promote those goals.

This package includes introductory information highlighting the broader challenge of violence in long-term care homes and the role of trigger management as part of the workplace violence prevention program in reducing the incidence and impact of violence. It also includes broad, user-friendly content re:

- a) Violence Risk Identification and systems, communication and Management Strategies
- b) Trigger Identification and Management Strategies
- c) The Use of Care Plans to Reduce Risks and Triggers
- d) Analyzing Code Whites as a means to prevent incidents of violence
- e) Using safety huddles/shift changes as another means to communicate risk
- f) Sample/Example Care Plans

Frontline long-term care home workers and clinicians have to master a variety of tasks, skills and approaches to provide resident centered and effective care.

A wide variety of factors may contribute to the risk of workplace violence in long-term care homes. Residents may be under the stress of evolving illness that exceeds their capacity for mature adaptation. Residents may suffer from illnesses or syndromes that increase their impulsivity or aggression. The physical care environment may provide too little or too much stimulation. Sensory or language or cultural barriers may contribute to resident uncertainty or fear. Previous negative or traumatic healthcare experiences may contribute to tension or escalation between residents and healthcare workers, fear of the unknown or unfamiliar setting away from the supports of family and friends.

Given the complexity of the challenge, it's essential that healthcare employers and workers improve knowledge, skills and approaches to reducing risk in their particular workplace.

Lens

Healthcare workers are not only at increased risk for injury as a result of workplace violence, but many also tend to view resident-originating violence as “part of the job”. Workers may form this belief if they do not see anything changing or do not sense that preventing workplace violence is important to the organization or to coworkers. Risk and trigger management procedures are thus doubly important: they may not only reduce workplace violence incidence but may also help dispel the notion that injury or risk is inevitable or acceptable in the provision of health care.

To reduce risk and build a stronger safety culture, long-term care homes need standardized processes for identifying residents and situations of risk, implementing evidence-informed interventions and managing triggers that lead to or have the potential to lead to violence. Workers also need to be properly trained to respond in violent incidences so that they can protect both themselves and residents. This type of approach can produce a safer environment for both workers and residents.

A wide variety of leading safety-enhancing practices may reduce risks in long-term care homes. This concise resource package focuses specifically on improving workplace violence risk identification and workplace violence trigger prevention and management.

Scope

This package will include broadly applicable information and recommendations regarding Trigger Management and Care Planning. This package is intended to support long-term care home employers and workers to help advance their approach to Trigger Management and Care Planning. The information was compiled with an appreciation that many specialized settings serve resident populations with specific behavioural risks, such as a psychiatric care, dementia-care, or a detox setting, to name a few, that require more diagnosis-specific resident assessment, trigger management and care-planning approaches.

Please note, for further reading, there is a list of resources at the end of the document.

Risk Factors, Triggers and Care Planning 101 - Improving Knowledge

Definitions

Risk Factors — are a circumstance or characteristic that may increase the likelihood that workplace violence may occur, particularly if triggers are also present. It predisposes a resident or situation to the risk of violence. Examples might include a history of violence, which include aggressive and responsive behaviour, or delirium with paranoia. It is important to note that risk factors do not make violence a certainty — many people with risk factors will not demonstrate violent behaviour.

Triggers — are a circumstance or element that may provoke or negatively impact resident behaviour by increasing the likelihood of a violent or aggressive response or reaction. It precipitates violence. Examples might include undertreated pain, loud alarms, and care to a sensitive part of the body, requests that can't be accommodated or behaviours of residents or visitors in close proximity.

A Care Plan — is a set of actions and approaches designed to optimize the quality and safety of care and continuity of care among various workers. It may be diagnosis-specific, risk-specific or resident specific.

For example, a care plan might stress the need for care to be provided by two workers, limit loud noise, be conducted at certain times of day, or with the use of an interpreter.

Further Examples of Common Violence Risk Factors and Triggers

	Predisposing Factors = Risk Factors	Precipitating Factors = Triggers
Resident Factors	<ul style="list-style-type: none"> ▪ History of Violence/Aggression ▪ Presence of Neurocognitive Disorder- e.g. Dementia, Delirium, Intellectual Disability, Acquired Brain Injury ▪ Recent delirium ▪ Cognitive impairment/Incapacity for personal care ▪ PTSD (Post Traumatic Stress Disorder) ▪ Substance Intoxication/Withdrawal ▪ Impulse Control Disorder ▪ High Stress with Limited Supports/noted deficits or alterations in Coping Mechanisms 	<ul style="list-style-type: none"> ▪ Change of Care workers/Care Plan ▪ Undertreated Pain ▪ Hunger/Thirst ▪ Physically Intrusive Care ▪ Personal/Perineal-Care ▪ Overstimulation ▪ Under stimulation ▪ Environmental Barriers ▪ Having a request denied in absence of alternative <ul style="list-style-type: none"> ○ Reports of deterioration in medical condition/status, receiving news of life altering diagnosis and discharge planning from facility.

	Predisposing Factors = Risk Factors	Precipitating Factors = Triggers
	<ul style="list-style-type: none"> ▪ Mental Health Detention ▪ Communication/Language Barrier 	
Long-Term Care Home factors	<ul style="list-style-type: none"> ▪ Crowded Setting ▪ Long Waits for Care ▪ Understaffing ▪ Sub-optimal worker mix ▪ Loud Environments ▪ Lack of Stimulation ▪ Sub-optimal violence prevention programs/training/information for workers ▪ worker/ care provider factors (training and knowledge, nature of approach, previous interactions) ▪ Work flow, ▪ Resident acuity, ▪ Resident surge. (e.g. multiple admissions/discharges in a coinciding time frame) ▪ Lack of drills to test procedures – for example, a code white drill 	<ul style="list-style-type: none"> ▪ Transition of Care ▪ Loss of Care Plan Continuity ▪ Change of Shift ▪ Lack of care provider continuity

Improving Risk Factor and Trigger Identification and Management - A Reflective Exercise: 3 Self-Assessment Categories

Risk Factors

- Does your organization or long-term care home do any standardized screening (e.g. for residents for common violence risk factors)? Based on this screening, does your employer provide information related to a risk of workplace violence from a person with a history of violent behaviour that a worker can be expected to encounter in the course of their work and the risk of workplace violence is likely to expose the worker to physical injury?
- If yes, how is it done? How is the information recorded/documented and communicated to all workers that are expected to encounter the resident during their work? What steps are taken to reduce violence risk once violence risk factors are identified to ensure information about a history of violent behaviour is passed on when a resident is admitted, or from shift to shift (e.g. visual and electronic flagging, care-planning, structured hand-over, environmental modification, family engagement)?
- If no, what are the barriers to structured risk factor screening?

Triggers

- Does your setting or unit already take steps to reduce common resident and setting related triggers (e.g. crowding, pain management, transitions of care discontinuity, noise)?
- Do you regularly review violent incidents to determine potential triggers and trigger reduction interventions? Do you meet with Behavioural Supports Ontario (BSO) staff + review the above?
- Do you have an effective strategy to quickly identify triggers for workers?
- Do those strategies include analyzing code whites to identify triggers, behaviours and safety measures for residents and workers?
- Is information about a history of violent behaviour, triggers, and safety measures updated in the (electronic and paper) chart)?

Care Plans

- Do you have structured care plans for residents at increased risk for violence?
- Do you have structured care plans for residents with a history of violent behaviour in your setting?
- If there are care plans for at-risk residents, how is clinician adherence to care plans assessed? Is there a process for reviewing and optimizing care plans?
- Do you communicate the risks, triggers, behaviours and safety measures identified in the care plan to all workers who may be at risk (e.g., during safety huddles and at each shift change)?

Approaches to Support Risk Factor and Trigger Identification and Management

Risk Factors: Identification and Management

- Screening questions at admission, institutional transitions and after a code white
- Use of Visual Management Systems to Communicate Risk (Flagging)
- Diagnosis and/or Behavioural Specific Care Plans
- Involvement of Specialized Clinicians to Support Care of High Risk/High Needs Populations, geriatric psychiatrists, BSO
- Flagging system that covers every health care worker – from admission to chart to resident.
- The current “visual management system” could be signage at doors - wrist bands, white boards etc. (name board outside room, Identifiers on walkers, wheelchairs, etc.)
- Use of white boards to provide quick snapshot or flag to alert workers to check chart

Triggers: Identification and Management

- Best Practice Management of Common Triggers/Unmet Needs:
- Hunger, Pain, Toileting, Thirst, Freedom
- Real-Time Incident Review to identify triggers and trigger-reducing interventions (sustained by care-plan utilization)

Care Plans: Optimal Care Plans Are

- **Feasible**-doable by workers
- **Collaborative**- developed by care team with involvement of resident and/or family and security where applicable
- **Dynamic**-regularly reviewed/revised to enhance effectiveness
- **Trigger Specific**- addresses identified precipitants
- **Risk Factor Specific**-addresses identified predisposing factors/diagnoses
- **Resident-Centred**-incorporates resident history & needs
- **Communicated**-shared at transitions (shift change) and during safety huddles with all those that are expected to encounter the resident during their work and the risk of workplace violence is likely to expose the worker to physical injury, e.g. involved clinicians, personal support workers, housekeeping, dietary
- **Preventative** and consider risk to workers and safety measures needed to protect workers and residents

The following All About Me/Action plan can act as an example to long-term care homes when creating their own for residents in their long-term care home.

**(Resident's Name)
All About Me /Action Plan
August 14, 2018**

- DOB: April 14, 1936
- Grew up on a farm between Baden and New Hamburg
- Lived in Kitchener most of his life
- Wife--- of 52 years, brother in law, sister in law and nieces and nephews
- 2 children-son and daughter; both have passed away

Triggers and Care Planning

- Worked construction as an iron layer, built structures such as Schneider's Plant, Sears etc.
- Wheel chair for mobility
- He is a veteran, he served in both the Canadian Army and Navy
- He was also a member of the legion
- United Faith
- Loves Elvis Presley music and anything rock and roll
- Loves hockey, socializing with friends and wife, playing cards, and enjoys dogs, cats and social meals

Triggers

- Limited tolerance, very impatient when needing help
- History of disturbed sleep cycles
- Pain as an antecedent for responsive behaviours
- Easily provoked by other residents; will strike out at workers if support assistance taking too long
- Being rushed
- Not being clear when talking to him about what instruction you want him to do
- Hallucinations, seeing deceased brother from time to time in his room
- WHITE DOT- 2 workers approach for care
- Signs of fatigue due to lack of rest periods and restlessness during the day
- Constipation
- Frequency and urgency of toileting
- Enlarged prostate
- Frustration of mobility and ambulation to and from washroom becoming agitated
- Bed alarm going off too long, will get angry due to noise
- Boredom
- Wife not there to visit

Strategies and Interventions

- Requires calm gentle approach
- Offer preferred music when restless or agitated
- Offer rest periods during the day

Triggers and Care Planning

- Explain all procedures, when, what and how long
- Offer PRN Haldol medication for pain to reduce agitation
- Distract through conversation about hockey or work he did on building sites
- Use brief , simple consistent words and cues
- Allow extra time for responses
- Bed alarm in place to prevent falls
- Offer black tea, cereal with 3 brown sugars
- Flomax given for prostate
- If strategies are not working leave and re- approach
- Clarify to ensure understanding of what he needs
- Remind him that his wife will be in soon
- If alarm is going off in bed room, PSW to attend to resident in a timely manner to reduce agitation
- 1:1 worker for 23:00- 07:00 to support resident and worker
- Continue to assess any physiological symptoms and provide as needed prescriptions
- If calling out increasing in respirations--shortness of breath on exertion
- If unable to lay down supine due to shortness of breath provide as needed prescriptions of Ventolin (has a new diagnosis of congestive heart failure as well as chronic obstructive pulmonary disease and current smoker)
- As needed prescription of Dilaudid 2 mg per OS or by mouth every four hours and as needed prescription of SErougel 25 mg per OS or by mouth as well to promote calm and improve sleep cycles
- As needed prescription of Haldol 2-4 mg per OS or by mouth or intramuscular injection for extreme agitation after other as needed prescriptions have not been effective
- CALL CODE WHITE- if behaviours continue to be unmanageable.
- Call MD for further recommendations - if FORM 1 or Transfer to hospital is necessary (provide necessary documentation and notes)
- Can call BSO Lead or DOC _ manager on call for support transfer out and assessment at hospital

The following sample care plan provides long-term care homes an example of a comprehensive resident care plan.

Example of Care Plan: Inpatient Example

PATIENT NAME: *John Smith*

DATE: Developed: *July 27, 2016*

LIKES TO BE CALLED: *Johnny*

ENJOYS: *Reading the Toronto Star, Jeopardy TV Show, Chocolate Ensure, Black Coffee*

PEOPLE WHO KNOW HIM BEST: *Retirement Home Nurse Jessica*

RISK FACTORS FOR AGGRESSION/VIOLENCE:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Dementia with Resistance to Care | <input checked="" type="checkbox"/> History of Violence/CODE WHITE in Prior Admission |
| <input type="checkbox"/> Hyperactive Delirium | <input type="checkbox"/> Elopement Risk with Defensive Aggression |
| <input type="checkbox"/> Substance Withdrawal/Intoxication | <input type="checkbox"/> Other |

NARRATIVE—ADD PROCESS FOR BSO

Johnny is an 89 year old man with a history of dementia. He lives in a retirement home. He is a very solitary man who tended to isolate himself all his life but is now living in a retirement home because his dementia progressed to a point where he was getting lost in his community. He is fiercely independent by nature and always wants to be left alone or do his own toileting even though he cannot quite coordinate this himself anymore. He is particularly uncomfortable with men assisting him. He is also a WW II veteran and sometimes has flashbacks of being under enemy fire. He is very proud of his service.

TRIGGERS FOR AGGRESSION/VIOLENCE

- 1. Personal /Perinea Care by a Male Nurse/Attendant*
- 2. Loud Alarm Noises*
- 3. Firm stance/telling him what he 'must do'*

BEHAVIOURS CRUCIAL TO OBSERVE IN PATIENT

- 1. Quick glancing and quick movements*
- 2. Loud or profane speech*

RECOMMENDED CARE STRATEGIES

- 1. Give Johnny choices rather than firm directions e.g. Ask "Would you like me to give you your heparin injection first or do your blood pressure first?" INSTEAD of saying "Okay Mr. Smith, time for your heparin shot"*
- 2. Try to have female nurse/attendant for perineal-Care*

Triggers and Care Planning

3. *Do not use 'bed alarms' for this resident. Risks exceed benefits as he is very triggered and distressed by loud noises. Similarly, do not put him near the nurses' station for falls risk reduction either; the sound of the phones ringing irritate him and make him more aggressive when care is provided.*
4. *Ask him about his service in the war. It makes him feel valued and less dependent.*
5. *For any sustained care (i.e. any wound care), provide care in pairs for enhanced safety.*
6. *Defer any non-urgent care if patient is verbally escalated or gruff on initial entry into his room.*
7. *Reduce vitals frequency to lowest medically appropriate frequency in keeping with goals of care and reduction of intrusive procedures.*
8. *Distraction activities*

The following All About Me plan provides long-term care homes an example when creating their own action plan.

All About Me

June 27, 2018

- DOB
- Grew up in--
- Relocated to Cambridge for work
- 1 son and granddaughter
- She is Canadian and speaks English
- She was never married but had a long term relationship
- She was a professional----- by trade
- She also trained in ballet and ballroom dancing
- She also taught cake decorating in her spare time
- Enjoyed doing baking, dancing and laughter brought meaning to her life
- Wheel chair is her form of locomotion
- Loves musical entertainment, bingo and food related programming
- Loves intellectual and active games

Triggers

- Will compare her weight with others for intimidation with other residents
- Low self-esteem, flat in affect
- Quick to verbal outbursts when confronted with any issue
- Easily agitated by co-residents
- Congestion on the unit
- Afraid of the dark
- Confabulation about being bullied by workers and residents
- Poor sleep at night
- Lower back pain and neck pain
- Loss of control over residents in her room feeling less empowered

Strategies and Interventions

- Night light provided for comfort and safety
- Provide support through active listening
- Likes hand massage and manicure
- Encourage her to let workers know when situations happen
- Calm gentle approach when doing care or communicating
- Signage placed at bed for residents in the room for personal space and confusion
- Offer music therapy or quiet space
- Distract from negative talk, provide positive topics when engaged with resident
- Ensure open ended questions that allow her to elaborate when she is reporting something
- DO NOT use medical jargon
- Provide analgesic or as needed prescriptions for back and neck pain

STAFF SAFETY MEASURES

Examples of staff safety measures include but are not limited to: personal panic alarms, working in pairs, reviewing flag for triggers/behaviours, proactive and reactive security support, and regular assignments to areas to maintain continuity of care.

The following is an example of when an ALL About Me Action Plan was used and worked for the facility to control the potential for any violent, responsive or aggressive behaviours.

Vignettes: Examples that Worked

- one dementia care patient was hitting and scratching – after numerous incidents family was consulted and said give rolled up towel and it distracts her – no more incidents since implemented.
- one long-term care resident loved the Christmas season and felt calmed by decorations, so workers made sure that the seasonal atmosphere was evident all year long.
- A resident in a long-term care home had assaulted numerous workers during his stay. When staff asked the resident if there was something that triggers his violent behaviours – they learned he was severely claustrophobic and became violent whenever he was bathed in a small space. Staff bathed him in a larger space after this and there were no further incidents.
- Putting a pair of oven mitts on a resident prevents her from scratching Personal Support Workers during care. This resident also gets a spa treatment to have her nails manicured which she enjoys.

Ensuring Effective Care Plans

Residents and Families Need to be Reminded:

- Workers are here to help.
- Residents and families can help by being respectful of the care team and raising any fears, questions, or concerns early in the conversation or interaction.
- Decisions are always informed by current clinical best practice guidelines as well as principles outlined by regulations professional colleges.
- Residents are responsible for the decisions and action they take during their care when in the long-term care home Residents and families input is needed in identifying triggers and measures to reduce triggers.

Workers Need to Keep in Mind:

- Does this resident have dementia? If so, use appropriate approaches.
- It is best to use the language of partnership for decisions: be welcoming, encouraging, and facilitate joint decision-making.
- Say things like, “I need to talk to you about this in order for this visit or interaction to be safe for you and others” (where appropriate).
- Ask questions and use the workplace tools and practices to assess the risks of violence from a resident (sometimes triggered by illness, or by individuals if there is a flag on their file for violence from previous visits (LTC respite residents), or if there is a known history of violent behaviour.

Triggers and Care Planning

- Follow up in a timely manner, include clinical practice, unit manager, BSO so immediate review can be performed.

Asking Questions and Communicating the Information

- Ask questions, particularly at admission.
- Questions can include: “How are you doing? Do you recall the last time you were here? Do you recall any issues that may have caused you to become agitated?”
- If there were issues, ask further questions about what happened, what did work or did not work for that resident?
- If there is a flag for history of violent behaviour, provide this in chart details, such as root causes identified, triggers and behaviours noted and controls put in place from previous events

Communication of the Care Plan, and the Risk Controls (If Applicable):

- If at all possible go over the care plan in advance with family and caregivers and address any concerns in the moment.
- Ensure any wait time is explained. That is, “You will be waiting for (estimate of how long).” Tell them if anyone will be checking up on them, and if not, how they can seek out attention while they wait.
- Inclusive partnership language will be important: do not label residents or family as being difficult – it infers the message that if they could control themselves or change they would be viewed more favorably. Instead say “This may be challenging for all of us.”
- Use phrases such as “behavioural” care plans, versus “violent” resident plans
- Make consequences clear for any violent act once it has been investigated.
- Residents/families may think “What you see as difficult, may be because you don’t understand.” Use active listening techniques such as paraphrasing to affirm you do understand what they are saying/experiencing.
- Distinguish between validation and agreement. Listen first, acknowledge what you hear – even if you do not agree – before sharing your point of view. Acknowledging that a person’s feelings are valid for them, even if we are not feeling the same way, allows them to feel heard and they are more likely to listen to the care provider, in return.
- If an event occurs, include the resident’s family (based upon their capacity) in determining what went wrong and what can be done to prevent future incidents.
- Share solutions and safety measures system wide with other workers/managers – don’t keep an intervention that worked buried in only the resident’s record.

Ensuring Effective Care Plans

Control Risk by Ensuring:

- There are clearly documented mutual expectations regarding residents' behavioral care plans.
- Consequences for violating behavioral expectations are known to all parties. Actions have consequences, and while everyone does everything possible not to trigger, it may occur.
- Managers/supervisors should ensure that workers have all the resources and supplies they need in the area.
- Managers/supervisors should ensure that the area is sufficiently staffed.
- Workers should have the skills or have a mentor to help them develop their positive resident relations/conversations as part of their day-to-day interaction with residents.
- Proactive reviews for potential bad news the resident may receive from friends, relatives or workers – plan to give the message and intervene promptly to reduce the impact and involve security (if applicable) as part of planned care to deliver bad news.
- Conversations with the resident are important to determine what works to help de-stress/de-escalate. (Examples include music, photos, as well as other distractions/sensory modulations that help them react less or de-escalate when they are triggered)
- Family and friends are engaged in the care plan where possible, because they know the resident. (For example, some dementia residents do better when a family member sits with them to help them acclimatize to the new setting).
- Hold team meetings to discuss the importance of having consistent adherence to enforcing the unit rules and to the specifics outlined in resident care plans.

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