

August 28, 2003

## NATIONAL PATIENT RECORD FLAGS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive outlines policy and guidance for the proper use of Patient Record Flags (PRFs).

**2. BACKGROUND:** PRF alerts VHA employees to patients whose behavior or characteristics may pose a threat either to their safety, the safety of other patients, or compromise the delivery of quality health care. PRF helps ensure the rights of all patients to receive confidential, safe, and appropriate health care and provides a safe work environment for employees.

a. Health care workers experience the highest rate of injuries from work place assault in the United States. Health care is one of only two industries that have merited special attention from Occupational Safety and Health Administration (OSHA) (see subpars. 5a and 5b). In recognition, VHA has initiated a broad-based program of violence prevention, including performance monitors through the Office of the Deputy Under Secretary for Operations and Management. Efforts have included the redesign of the basic course "Prevention and Management of Disruptive Behaviors," and the development of new courses for geriatrics and other disciplines.

b. The Joint Commission on Accreditation of Health Care Organizations (JCAHO) recently made patient violence and its prevention a focus of the Environment of Care Standards (see subpar. 5c).

c. Recent studies have shown that The Department of Veterans Affairs (VA) health care facilities are not immune from these safety concerns (see subpars. 5d and 5e). The VA Office of Inspector General (OIG) in its report "Evaluation of VHA's Policies and Practices for Managing Violent or Potentially Violent Psychiatric Patients" (6HI-A28-038, dated March 28, 1996) recommended that facilities communicate among themselves so that staff are aware of high-risk patients regardless of where in the VHA system they may seek health care (see subpar. 5f).

d. Computer-based advisories that alert clinicians to a patient's risk of violence have been in use for many years within some facilities (see subpar. 5g). However, for PRFs to assist in the prevention of adverse events when high-risk patients travel between facilities, it is important that all facilities follow uniform processes. The effectiveness of PRFs depends upon limiting their use to those unusual clinical risks that threaten health care safety and quality.

e. The safety of patients and employees, the effectiveness of care, and the patient's right to privacy need not be compromised by threats of violence. Risk of violence can be mitigated by recognition, assessment, documentation, and communication.

**THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2008**

f. **Definitions**

(1) **Category I Behavioral National PRFs**

(a) Category I Behavioral National PRFs are nationally approved and are to be used by all facilities. Category I PRFs describe patient behavior that may pose a threat to the safety of themselves, other patients, visitors, or employees. Category I PRFs also recommend specific behavioral limit setting or treatment-planning actions designed to reduce risk. A Category I PRF requires a documented history of violence or disruptive and/or threatening behavior in a health care setting or the documented presence of other factors that indicate a significant risk of violence. A Text Integrated Utility (TIU) Progress Note in the Computerized Patient Record System (CPRS) must accompany all Category I PRFs.

(b) Criteria for Category I PRFs may include, but are not limited to:

1. A history of physical violence against patients or staff at a medical center or clinic.
2. Documented acts of repeated violence against others.
3. Credible verbal threats of harm against specific individuals, patients, staff, or VA property.
4. Possession of weapons or objects used as weapons in a health care facility.
5. A history of suicidal or parasuicidal behavior within health care facilities.
6. A history of repeated nuisance and disruptive or larcenous behavior that disrupts the environment of care.
7. A history of sexual harassment toward patients or staff.

(2) **Category II Local PRFs.** Category II Local PRFs may be locally established by individual Veterans Integrated Service Networks (VISNs) or facilities. Category II PRFs may include patients who are enrolled in a research project or patients with documented drug-seeking behavior. The use of Category II PRFs should also be strictly limited to information that is essential for the delivery of safe and appropriate health care. A Text Integration Utility (TIU) Progress Note in the Computerized Patient Record System (CPRS) must also accompany all Category II PRFs.

**3. POLICY:** It is VHA policy that all facilities must immediately install the required patches (as they are available) and initiate facility-wide use of PRFs.

#### 4. ACTION

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for providing oversight to the VISNs to ensure that PRFs are appropriately implemented by the VISNs.

b. **VISN Director.** The VISN Director, or designee (the Network Mental Health Committee or other comparable VISN group), is responsible for oversight and implementation of this Directive at the VISN level.

c. **Medical Facility Director.** The medical facility Director, or designee, is responsible for:

(1) Ensuring that Category I Behavioral PRFs are originated and accessible. Individual Networks and facilities determine whether optional Category II PRFs are to be used. **NOTE:** *Attachment A, Standards for PRFs, defines the standards for the origination of, and access to, both Category I and Category II PRFs.*

(2) Establishing a process for requesting, assigning, reviewing, and evaluating PRF.

(3) Establishing a plan to transition previous behavioral Veterans Health Information and Technology Architecture (VistA), CPRS, local Class III Advisories, and any other behavioral alerts or warnings system in use, to the VHA nationally released PRF software. After September 25, 2003, only PRF computerized advisories as described in Attachment A are approved for use. Each Category I Behavioral PRF assigned to a patient must be reviewed at least every 2 years; however, reviews may be appropriate any time that a patient's violence risk factors change significantly, the patient requests a review, or for other appropriate reasons. **NOTE:** *It is suggested that existing Class III advisories be reviewed and assigned to the new PRF system in a manner that does not make them all come due for review at the same time. Existing advisories that are converted must fully-meet the advisories of the PRF criteria.*

(4) Installing patches DG\*5.3\*425, OR\*3\*173, TIU\*1\*165, and USR\*1\*24.

(5) Training appropriate staff.

(6) Evaluating the facility process to ensure that PRFs are assigned appropriately.

(7) Ensuring that each PRF in a patient's record is accompanied by a TIU Progress Note. The TIU titles utilized must be:

(a) PRF Category I, and

(b) PRF Category II.

d. **Chief of Staff (COS).** The COS is responsible for:

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(1) Instituting procedures to ensure that PRF and associated processes are ethical, effective, and reviewed as noted in this Directive.

(2) Identifying a Disruptive Behavior Committee which reports to the COS.

(a) The Disruptive Behavior Committee is responsible for:

1. Coordinating the treatment plan with appropriate clinicians responsible for the patient's medical care.

2. Implementing the standards in Attachment A.

3. Collecting and analyzing incidents of patient disruptive, threatening, or violent behavior.

4. Assessing the risk of violence in individual patients.

5. Identifying system problems.

6. Identifying training needs relating to the prevention and management of disruptive behavior.

7. Recommending to the COS other actions related to the problem of patient violence.

(b) The Disruptive Behavior Committee needs to be comprised of:

1. A senior clinician chair who has knowledge of, and experience in, assessment of violence

2. A representative of the Prevention Management of Disruptive Behavior Program in the facility (see subpar. 5i).

3. VA Police.

4. Health Information Management Service.

5. Patient Safety and/or Risk Management.

6. Regional Counsel (ad hoc).

7. Patient Advocate.

8. Other members as needed with special attention to representatives of facility areas that are high risk for violence, e.g., emergency department, nursing home, and inpatient psychiatry.

9. Clerical and Administrative support to accomplish the required tasks.

## 5. REFERENCES

- a. Appelbaum PS, Dimieri RJ. "Protecting Staff from Assaults by Patients: OSHA Steps In," Psychiatric Services. 46(4): 333-338, 1995.
- b. Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers; U.S. Department of Labor, Occupational Safety and Health Administration, OSHA 3148, 1996.
- c. Environment of Care Guidebook, JCAHO, 1997.
- d. VA Suicide and Assaultive Behavior Task Force. Report of a Survey on Assaultive Behavior in VA Health Care Facilities; Feb. 15, 1995.
- e. Blow, FC; Barry, KL; et al. "Repeated Assaults by Patients in VA Hospital and Clinic Settings," Psychiatric Services. 50(3): 390-394: 1999.
- f. OIG Evaluation of VHA's Policies and Procedures for Managing Violent and Potentially Violent Psychiatric Patients (Report No. 6HI-A28-038).
- g. Drummond, D, et al., "Hospital Violence Reduction in High-risk Patients," Journal of the American Medical Association (JAMA). 261(17) 531-34, 1989.
- h. Secretary's Letter to All VA Employees October 19, 2001  
<http://vaww.va.gov/vasafety/docs/ALL-EMPLOYEES&volunteersLTR10-19-01.doc> .
- i. VA Office of Occupational Safety and Health Intranet Site: <http://vaww.va.gov/vasafety>  
Includes links to the Prevention and Management of Disruptive Behavior (PMDB) VA training program.
- j. Public Law 105-220, Section 508.

**6. FOLLOW-UP RESPONSIBILITY:** The Director, Mental Health Services (116) is responsible for the contents of this Directive. Questions may be addressed to 202-273-8434.

**7. RESCISSIONS:** None. This VHA Directive will expire August 31, 2008.

S/ Jonathan B. Perlin, M.D. for  
Robert H. Roswell, M.D.  
Under Secretary for Health

Attachment

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ATTACHMENT A

STANDARDS FOR PATIENT RECORD FLAGS

**1. Background.** A small but diverse group of patients who present with certain behavioral or clinical risk factors place special demands upon the health care system. It is both a privilege and a challenge for Department of Veterans Affairs (VA) health care employees and facilities to offer safe and appropriate care to patients who present with certain risk factors. The safety of these patients and the safety of staff who treat them can be enhanced when carefully designed Patient Record Flags (PRFs) immediately alert care providers to the presence of risk factors.

a. Since some of the most challenging patients may be nomadic and because a patient's electronic health record is increasingly available to other facilities, it is essential that conventions for creating, supporting, and maintaining computerized advisories be made uniform throughout the VA health care system.

b. PRFs should never be used to punish or to discriminate against patients; nor should they be constructed merely for staff convenience. The effectiveness of PRFs depends upon limiting their use to those unusual risks that threaten the safe delivery of health care. Threats to the effective use of PRFs are their misuse and their overuse.

c. Providing an environment that is safe for patients, visitors, and employees is a critical factor in health care. The safety of patients and staff, as well as the effectiveness of care and patients' right to privacy and dignity, need not be compromised by threats of violence or other risk factors. Risks associated with a history of violence and other risk factors can be limited when those risks are recognized and reported. Risks need to be addressed by an interdisciplinary clinical and threat assessment group and documented, when appropriate, in the patient's treatment plan. They must also be communicated in a standardized manner to those most at risk in an encounter with a "flagged" patient.

**2. Procedures.** Each facility must demonstrate its readiness to use PRFs in a manner consistent with the standards and protocols outlined in this Directive.

a. As part of the patient health record, all PRF are under authority of the Chief of Staff at each facility and must be reviewed at least every 2 years. A reminder for upcoming review must be generated 60 days prior to the 2-year anniversary date of each PRF. *NOTE: PRFs must be accorded the same confidentiality and security as any other part of the health record.*

b. The Chief of Staff, or designee, at each facility is responsible for identifying those employees authorized to initiate, enter, and access PRFs. The Chief of Staff, or designee, must ensure that only those employees with a demonstrated need to know are permitted access to PRF menu options.

c. Access to viewing PRFs is recommended for employees who are likely to be the first to encounter a "flagged" patient, prior to or at the time of the patient's visit, since these employees are usually the most at risk from a violent patient. Access includes viewing the type of PRF and

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the narrative associated with it. Those who access a PRF are responsible for communicating the PRF advisory to doctors, nurses, and others who have a need to know. The following examples are medical center staff who have direct patient contact needing to view, or be made aware of, PRFs:

- (1) Emergency room clerks and receptionists,
- (2) Administrative Officer of the Day,
- (3) Pharmacists and pharmacy technicians,
- (4) VA police officers,
- (5) Enrollment clerks,
- (6) Social Work staff,
- (7) Triage and/or telephone care staff,
- (8) Ward and clinic clerks,
- (9) Insurance and billing staff,
- (10) Receptionists,
- (11) Travel clerks,
- (12) Laboratory clerks and technicians,
- (13) All medical staff,
- (14) Patient advocates,
- (15) Nursing and unit supervisors,
- (16) Decedent Affairs Clerk,
- (17) Scheduling staff, and
- (18) Fee clerks.

d. PRF software will be made available with the national release of Patches DG\*5.3\*425, OR\*3\*173, USR\*1\*24, TIU\*1\*165, and a Computerized Patient Record System (CPRS) GUI executable. Although facilities may respond appropriately to PRFs transmitted from other facilities, only facilities that meet the following criteria need to enter new Category I PRFs.

- (1) The facility has developed a systematic approach to collecting reports involving incidents of disruptive, threatening, or violent behavior.
- (2) There is documented interdisciplinary review and threat assessment of patient behavior.
- (3) Documentation that supports the rationale for the patient advisory may be present in other systems of records. A Text Integration Utility (TIU) Progress Note needs to be entered at the same time as a Category I PRF. The TIU Progress Note needs to provide general guidance to PRF users and a brief summary of the rationale for a specific patient's PRF.
- (4) Appropriate training of staff, that in the course of their duties must assess and document risk or threats as well as implement behavioral limits and treatment plans, will be documented.
- (5) A process exists for the review of each flag at least every 2 years. A review may be appropriate when: the risk factors change significantly, a patient with a PRF requests a review, or for other appropriate reasons as determined by the facility that established the flag.
  - e. PRFs serve only to preserve and enhance the safety and appropriateness of patient care.
  - f. PRFs alert staff to a potential risk only. At each patient encounter, the examining physician or other clinician is responsible for making appropriate clinical decisions.
  - g. Each facility must have clearly written definitions and criteria (that are consistent with this VHA Directive) for all Category I and Category II PRFs.
  - h. PRFs need to be entered only by employees who have been trained in the technical aspects of entry, the appropriate criteria, and in the conventions for security, format, and terminology.
  - i. PRFs need to be free of redundant language, slanderous or inflammatory labels, and language that provides insufficient information or guidance for action.
  - j. In order for PRFs to be effective, they need to be used only when necessary. Overuse dilutes their importance to staff. Each facility needs to exercise great care in establishing optional Category II PRFs. Only when there is a compelling safety or quality of care issue should additional PRF types be utilized. A PRF is not be used for staff convenience or to address administrative concerns. Category II PRF types must adhere to the standards as spelled out in this attachment.
  - k. Patients may request an amendment to the presence or content of a PRF advisory through the facility privacy officer.
  - l. The Deputy Under Secretary for Health for Operations and Management (10N) provides oversight to the VISNs to ensure that PRFs are appropriately implemented by the facilities.
  - m. **Responding to PRFs.** Staff must respond appropriately to the appearance of PRFs.

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n. **Origination of PRFs.** All VISNs must establish processes for the origination of Category I PRFs.

(1) All facilities are required to implement and respond to Category I PRFs, regardless of which facility originated the flag.

(2) All facilities must participate in utilization of PRFs, regardless of the originating facility for any individual advisory or type of PRF advisory. Only the nationally developed PRF software released by the Office of Information is to be utilized.

o. **PRF Maintenance.** The responsibility for ensuring the quality, timeliness, routine review, and documentation in support of a PRF advisory belongs to the originating facility.

(1) The advisory itself will reference the authorizing facility and the Chief of Staff or designee who can provide additional information about a specific PRF advisory. A facility that, in the course of providing care to a “flagged” patient, discovers new information that could influence the status of the advisory should not amend the original advisory, but needs to contact the originating facility with the pertinent information.

(2) The responsibility for maintenance of PRFs needs to be transferred when it appears that a flagged patient has relocated to a new facility. The originating facility needs to make available to the new facility, copies of all documents and records in support of the advisory.

### p. **PRF Training**

(1) Training must provide instruction on how to utilize PRF software on the assignment, continuation, inactivation, and review of flags.

(2) Training content must address:

(a) Various types of PRFs,

(b) Appropriate responses,

(c) PRF confidentiality, and

(d) Compliance with Public Law 105-220 Section 508 (see subpars. 5h and 5i).