

### **RECOMMENDATION #13**

## **INCREASED SUPPORTS (IN FACILITY AND COMMUNITY) FOR PATIENTS WITH KNOWN AGGRESSIVE OR VIOLENT BEHAVIOURS**

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### **OPPORTUNITY**

- To provide care to patients requiring health services at the earliest stage (i.e., in the community if possible)
- To reduce the use of emergency departments by patients with a high risk for aggression
- To maintain safe environments for patients and staff by providing additional supports

### **RECOMMENDED SOLUTION AND INTENDED OUTCOME**

A variety of factors contribute to increased safety risks to healthcare workers, as they strive to care for patients at high risk for aggression. Research should be conducted to determine what type of clinical support is needed across the continuum of care to ensure that health care workers in hospitals and in the community can deliver care safely to patients with responsive or aggressive behaviours.

The Ministry of Health and Long-Term Care (MOHLTC) has implemented several programs (e.g. Behavioral Supports Ontario, Nurse-Led Long-Term Care Outreach Teams/Nurse Practitioners Supporting Teams and Averting Transfers) and Geriatric Emergency Management Nurses with the goal of improving behavioral management capacity and reducing the need for patient transfers to general ED/ER settings, with recognition that such transfers may themselves be stressful to patients and trigger increased patient and staff safety risks. The working group recommends a review of effectiveness and safety impact of current interventions, with a view to considering expansion or alternative approaches/innovations.

Broadly, increased investments and accountability in crisis outreach, dementia behaviour resources and addictions care may help prevent clinical and safety crises in emergency departments. Some general hospital settings are ill-suited to addressing complex mental health/behavioral health problems. Addressing these concerns proactively at the community level may reduce the risks associated with over-stimulating and unspecialized/undifferentiated environments.

Primary Care is often the first encounter to the health care system by a patient. Additional training, tools, resources and protection at this level may benefit patients and help mitigate violent behaviours.

Adequate safety of the built ED environment is also important for patients triaged as presenting with mental health/addictions complaints in the ED since patient overcrowding, problems with visibility/sightlines, over-stimulation all lead to increased risks to both patients and staff caring for these vulnerable patients.

### RECOMMENDED IMPLEMENTATION

#### MEDIUM TERM

1. Resources be directed to:

- Review of effectiveness and safety impact of current interventions, with a view to considering expansion or alternative approaches/innovations;
- Build capacity for crisis outreach teams, rapid-access outpatient support, inpatient addictions/detox and tertiary dementia-behaviour resources to allow for both ER/ED diversion and general hospital admission diversion;
- Fill service gaps in forensic psychiatry and developmental disability care;
- Optimize ED departments in terms of space, capacity, and built environment to reduce patient overcrowding and overstimulation;
- Additional training and resources be available to primary care providers to use in early intervention and behavior avoidance;
- Special consideration and planning for any area in Ontario that has limited services due to small critical mass.