



TITLE

**RISK MANAGEMENT FLAGS**

**SCOPE**

Provincial

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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## OBJECTIVES

- To inform the development of **risk-specific practice guides** (practice guides) to manage and mitigate risks pertaining to **patient** and **Alberta Health Services (AHS) representative** health and safety concerns.
- To ensure that all necessary considerations are taken into account by subject matter experts when developing practice guides.

## PRINCIPLES

Risks pertaining to patient and AHS representative health and safety concerns shall be managed in a consistent manner across AHS in order to best mitigate those risks.

All risks identified in the *Risk Management Flag Taxonomy* (managed by the Clinical Decision Support Committee), and any future identified risks, shall follow this Policy to identify the nature of the risk along with all considerations of how to assess, mitigate, and manage the risk. Considerations to assess, mitigate, and manage the risk include, but are not limited to the use of visual cues in the patient record or care space, and ongoing reassessment of the risk and removal of the **risk management flag** (flag) when no longer needed.

Connect Care configurations to manage risks included in the *Risk Management Flags Taxonomy* shall follow this Policy. Other existing clinical information systems (CIS) should follow this Policy as closely as possible. Where an existing CIS or paper based system is scheduled to be replaced by Connect Care within time frames that would reduce the value of current state system changes required to follow the Policy, the best path forward should be evaluated by those responsible for maintaining the CIS or paper based system.

This Policy provides the overall organizational approach to flags. The practice guides shall contain the detailed guidance for flags developed by the area of expertise and guided by this Policy. The clinical guidance mechanisms (for example, Storyboard Alerts and FYI) used in Connect Care to assist in managing and mitigating the flag are governed by the Connect Care Clinical Decision Support (CDS) Committee. Approval of a specific mechanism that supports the detailed practice guides shall follow the intake and decision processes defined by the CDS Committee.

Additional risks may be identified in the future and added to the *Risk Management Flag Taxonomy* (see Section 3 of this Policy). These new risks are also subject to this Policy.

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Risks of Harm or Incidents

- 1.1 Flags shall focus on the risk of **harm** and/or **incidents**:
- a) to the patient from the patient's environment, another person, or self-harm; and/or
  - b) to another person (including AHS representatives) from the patient or the patient's environment.

### 2. Applicability to Current Systems

- 2.1 Owners of current CIS and paper systems shall conduct an analysis to determine the feasibility of applying this Policy and following the detailed practice guides developed in accordance with this Policy.
- 2.2 As new systems and expanded functionality are implemented, it is recognized that it may not be feasible or practical to modify all existing systems to follow the practice guides. In these cases, the owner of the applicable practice guide shall be notified by the existing system's owner so the risk can be logged and mitigated using established practices for that system.

### 3. Newly Identified Risks in Scope for Management

- 3.1 Identification, approval, and authorization for new or modified flags that could be managed and mitigated by Connect Care shall be brought to the CDS Committee, by the subject matter experts requesting the flag, to review feasibility and appropriateness for Connect Care. Centralized intake through the CDS Committee and Clinical Knowledge & Content Management (CKCM) shall guide next steps for developing flags for Connect Care.

- 3.2 Flags are considered system-wide risks with broad impact communicating across practice areas. Consultation and decisions to develop and enable a flag shall be vetted through provincially representative groups (for example, area councils, specialty working groups, or Strategic Clinical Networks [SCN]) by the subject matter experts requesting the flag, and then broader consultation to impacted practice areas before coming to the CDS Committee for decision.

#### 4. Processes in the Practice Guides

- 4.1 Practice guides for the flags shall be developed and maintained by subject matter experts on the issue or subject covered by the flag. The subject matter experts managing the practice guides are accountable to the CDS Committee. The CDS Committee, in consultation with the Clinical Documentation Committee, is the final approval authority for the practice guides.
- 4.2 Once approved, AHS representatives shall comply with the provisions in the practice guide for identifying, adding, removing, reviewing, and responding to a flag in the Connect Care environment.
- 4.3 The practice guides shall be made available to AHS representatives on the Clinical Guidance Viewer on Insite.
- 4.4 The practice guides shall identify the specific risk to be managed. When identifying a risk, the subject matter experts developing the practice guide shall consider if harm or an incident can be caused if the risk is not properly managed. Types of harm or incidents to consider include, but are not limited to:
- a) physical;
  - b) psychological;
  - c) cognitive;
  - d) emotional;
  - e) sexual;
  - f) social;
  - g) financial; and
  - h) identity theft.
- 4.5 All risks outlined in the practice guides are included in the *Risk Management Flag Taxonomy*. Additional risks may be identified and added to the *Risk Management Flag Taxonomy* as outlined in Section 3 of this Policy.
- 4.6 The practice guides shall list the appropriate assessment steps for identification of the risk by AHS representatives. Assessment may include specific tools such as flowsheets or other Connect Care activities. Processes for documentation of

the risk may require direction by the Connect Care Clinical Documentation Committee. Subject matter experts may contact CKCM via e-mail as listed on Insite if assistance by Clinical Informatics is required in developing the flowsheets or other tools required to document the risk.

- 4.7 The practice guides shall identify the education, flagging, mitigation, and management steps of the risk (see Sections 5 to 8 of this Policy for further information).
- 4.8 Subject matter experts developing the practice guides shall ensure the practice guides align and reference any AHS policy, procedure, standard, guideline, or protocol in place on the risk.

## 5. Education Needs for the Practice Guides

- 5.1 The practice guides for the flags shall address educational needs (training requirements, responsibility for providing education, etc.) that may be required for:
- a) **health care providers**; and
  - b) patients, **families**, and communities.

## 6. Flagging Considerations for the Practice Guides

- 6.1 The practice guides shall:
- a) provide clear direction on which roles have authority to add/remove flags; and
  - b) provide conditions that need to be met for these flags to be assigned to, or removed from, a patient.
- 6.2 The practice guide shall outline any challenges that need to be assessed and weighed by the individual(s) responsible for adding the flag before the flag is added. These challenges include, but are not limited to:
- a) stigma;
  - b) legal and privacy concerns including the potential for a formal assessment (see the *Privacy Impact Assessments* Policy);
  - c) **mature minor**;
  - d) the relative risk of other flags in the environment and how this flag may compete for attention; and/or
  - e) who needs to be aware of the risk in order to ensure the safety of the patient and others.

- 6.3 When it is necessary to add flags to communicate risks to others, consideration should be given to the most appropriate types of flag(s) required to inform all stakeholders of the risks. The practice guides shall outline how and by whom these considerations are assessed. Flags can be within the electronic health record, the paper health record, or can reside externally to the record. The table below describes different types of flags and considerations for deciding the appropriate type of flag for an identified risk.

| Flag Type/Medium               | Description / Examples of Flags  | Considerations  |
|--------------------------------|--|---|
| Electronic Systems             | Banners are sections that are always visible. They often contain demographic information and FYIs. (e.g., storyboard). | <ul style="list-style-type: none"> <li>Passive information. No confirmation from reader required to ensure information has been viewed.</li> <li>Include information all providers need to know.</li> <li>Many patients may see information so consider risk flags must avoid stigmatizing terminology.</li> </ul>  |
| Electronic Systems             | Point of Care Decision Flags appear at the time of a clinical decision. These include pop-up notifications or alerts.  | <ul style="list-style-type: none"> <li>Pop-up notifications/alerts are suitable for imminent risk where the provider should consider immediate action to reduce risk while accomplishing a task.</li> <li>Alert tools shall be designed in ways that: <ul style="list-style-type: none"> <li>they can be incorporated into workflow;</li> <li>are not duplicative of information already received through the current workflow; and</li> <li>provide information in a way that it can be trusted and deemed accurate.</li> </ul> </li> </ul>  |
| Paper Charts                   | Written symbols/notes  | <ul style="list-style-type: none"> <li>Terminology, codes and meaning of symbols shall be consistent and well known to providers.</li> <li>May help to highlight key information and risks.</li> <li>May be difficult to find in a record if there is not a standard location where providers will expect to find them.</li> <li>Care must be taken to ensure notes are updated.</li> </ul>   |
| Paper Charts                   | Stickers/Labels (e.g., purple circle)<br>Sticky notes (e.g., post-it notes)  | <ul style="list-style-type: none"> <li>Place on spine of chart, on relevant paper forms, and transfer of care documentation.</li> <li>May help to draw attention to key information and risks.</li> <li>Care must be taken to ensure they are updated, well maintained, and remain adhered to the correct medical record.</li> <li>May be difficult to find in a record if there is not a standard location where providers expect to find them.</li> <li>Stickers may be ignored due to information overload (e.g., isolation sticker on front of chart).</li> </ul>   |
| Patient Armbands or wristbands | Coloured/symbolled armbands/wristbands   | <ul style="list-style-type: none"> <li>Use to inform AHS representatives or visitors who may not have access to patient records of management plans and precautions (note that these provide information only when physically proximal to the patient so may not be appropriate to communicate hazards when more notice is required).</li> <li>Do not rely solely on colour to communicate meaning.</li> <li>Limit wording on the wristband to only convey essential information (e.g. dietary restrictions, allergies, patient identification, DNR).</li> <li>Limit the spectrum of colour-coded wristbands and standardize the meanings associated with each colour.</li> <li>Avoid handwriting.</li> </ul> |

|                       |  |  |
|-----------------------|--|--|
| Environmental Signage | Whiteboards<br>Bed signs<br>Door signs | <ul style="list-style-type: none"> <li>• Use to inform AHS representatives or visitors who do not have access to the patient record of management plans and precautions.</li> <li>• Potential impact on privacy.</li> <li>• Potential to impact patient and family emotions if labelled/ stigmatized.</li> </ul> |
|-----------------------|--|--|

- 6.4 When outlining the flag types and designs for a specific flag, the subject matter experts managing the practice guide shall:
- a) keep the same colours and text for the same risk factors identified by other flag types/mediums;
  - b) consider the language and colours used in the flag to decrease emotional stress to patients, families, and AHS representatives; and
  - c) consult the AHS Human Factors guidelines for *Designing Signage and Labelling*.
- 6.5 The practice guides may allow symbols to be considered to flag sensitive issues; however, the symbol's meaning shall be clearly and consistently communicated to all applicable stakeholders to ensure that everyone who needs to know what the symbol means does know what it means. These educational requirements shall be outlined in the practice guide's implementation plan.
- 6.6 The practice guides shall ensure that electronic flags are managed with a view to all of the other flags in the system to provide the best experience for AHS representatives viewing the flags and to prevent the overuse of flags. Considerations that the practice guides shall address for deciding how risks are to be flagged in electronic systems include, but are not limited to the following:
- a) The relative risk of the flag to other flags shall follow the alerts prioritization strategy identified in the *eSafety Risk Framework* and the related *Risk Matrix Tool*.
  - b) Health care providers should be able to quickly see the risks that have been added or removed.
  - c) Health care providers should be able to quickly see any changes to the levels of risks.
  - d) A detailed description of any risk should be easily available to the health care provider.
  - e) Flags can either be visible at all times or visible only at specific decision points (clinical decision support flags).
  - f) Where flags are visible at all times, the flag shall be:
    - (i) easy see at a glance by the health care provider (to prevent missing them); and

- (ii) displayed in a consistent location (so that health care providers know where to find them).

## 7. Mitigation Considerations for the Practice Guides

7.1 The practice guides shall:

- a) describe how the mitigation plan (for example, moving patient to isolation or addition of a care plan) is created for the risk;
- b) outline who is responsible for creating, managing, and communicating the mitigation plan;
- c) consider how the mitigation plan is communicated to AHS representatives and consider appropriateness of other stakeholders seeing the information;
- d) provide steps and methods for how to mitigate the risk; and
- e) consider how the mitigation plan is included in the electronic record.

## 8. Management Considerations for the Practice Guides

8.1 The practice guides shall:

- a) provide expected reassessment frequency and or triggers for reassessment;
- b) consider how to inform those who may be exposed to the risk but do not have access to the CIS (for example, may need special equipment, clothing, and or training to know how to manage the risks presented);
- c) describe a plan to communicate changes in risk levels as well as the addition and removal of any flags;
- d) provide criteria for determining when a flag may be removed and who may remove it;
- e) provide guidance for visibility of the flag; and
- f) define responsibilities for the management activities and communications.

## DEFINITIONS

**AHS representative** means Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**Family(ies)** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

**Harm** means an unexpected outcome for the patient, resulting from the care and/or services provided, that negatively affects the patient's health and/or quality of life.

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Incident** means an unplanned event that may result in, or does result in an undesirable consequence. Incidents include all occupational injuries / illness, damage to property and equipment, and all near-miss events.

**Mature minor** means a person aged less than 18 years, who has been assessed and determined as having the intelligence and maturity to appreciate the nature, risks, benefits, consequences, and alternatives of the proposed treatment/procedure, including the ethical, emotional and physical aspects.

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

**Practice guide(s)** means a document or a collection of documents that contain the detailed guidance developed by the area of expertise for one or more risk management flags.

**Risk** means the effect (positive or negative) of uncertainty on objectives.

**Risk management flag** means codes and/or visual cues to be used to identify potential patient and AHS representative safety risks within Alberta Health Services clinical information systems. The potential harm or incidents to patients, visitors, or AHS representatives may arise from various sources in the care environment.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Privacy Impact Assessments Policy (#1145)*
- Alberta Health Services Resources:
  - *Designing Signage and Labelling Guidelines (Human Factors)*
  - *eSafety Risk Framework*
  - *Risk Management Flag Taxonomy*
  - *Risk Matrix Tool*
  - *Strategic Transformation Question 31: Risk Management Flags Governance*
  - *Guidance for Core Storyboard Alerts, FYI Flags and Banners*
  - *Risk Management Flags Methods Decision Matrix for Connect Care*



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