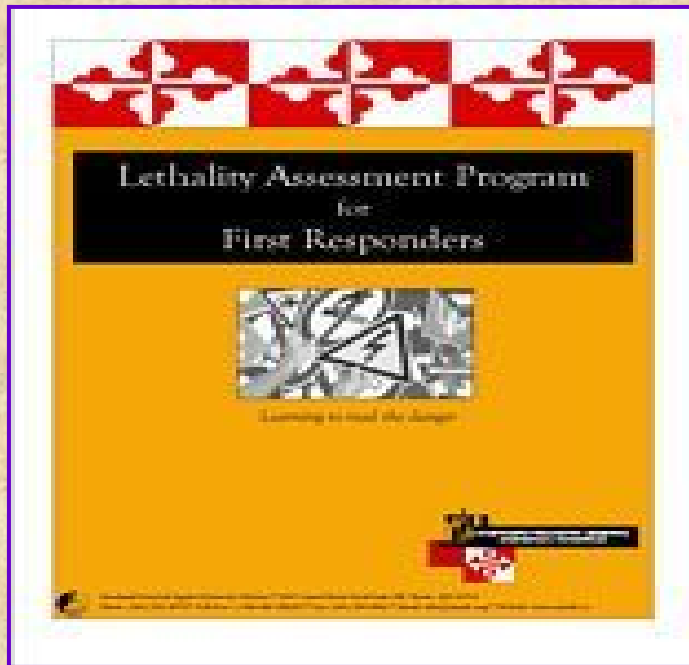


# **NATIONAL CONFERENCE ON HEALTH AND DOMESTIC VIOLENCE**

**SAN FRANCISCO, CA  
March 31, 2012**

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# Lethality Assessment Program: A Hospital Protocol





# FREDERICK REGIONAL HEALTH SYSTEM

- **Implementation of the *Lethality Assessment Program (LAP)*.**





# PROCESS

- FMH **SAFE** nurses part of Frederick County DVFRT (Domestic Violence Fatality Review Team)
- Partnered with HH (Heartly House) and MNADV
- **SAFE** (Sexual Assault Forensic Examiners) nurses determined what would initiate the process for the LAP

# HOW THE LAP WORKS

## 1. ASSESS

- ED registration – “Yes” answer to domestic violence questions or domestic situation.
- LAP implemented – screened for lethality.


**DOMESTIC VIOLENCE LETHALITY  
SCREEN FOR FIRST RESPONDERS**


Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> Check here if victim did not answer any of the questions.		
<b>▶ A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.</b>		
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<b>▶ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.</b>		
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<b>▶ An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.</b>		
Is there anything else that worries you about your safety? (If "yes") What worries you?		
<b>Check one:</b> <input type="checkbox"/> Victim screened in according to the protocol <input type="checkbox"/> Victim screened in based on the belief of officer <input type="checkbox"/> Victim did not screen in		
<b>If victim screened in:</b> After advising her/him of a high danger assessment, <input type="checkbox"/> Yes <input type="checkbox"/> No did the victim speak with the hotline counselor?		

*Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.*

MNADV 08/2005

# HOW THE LAP WORKS

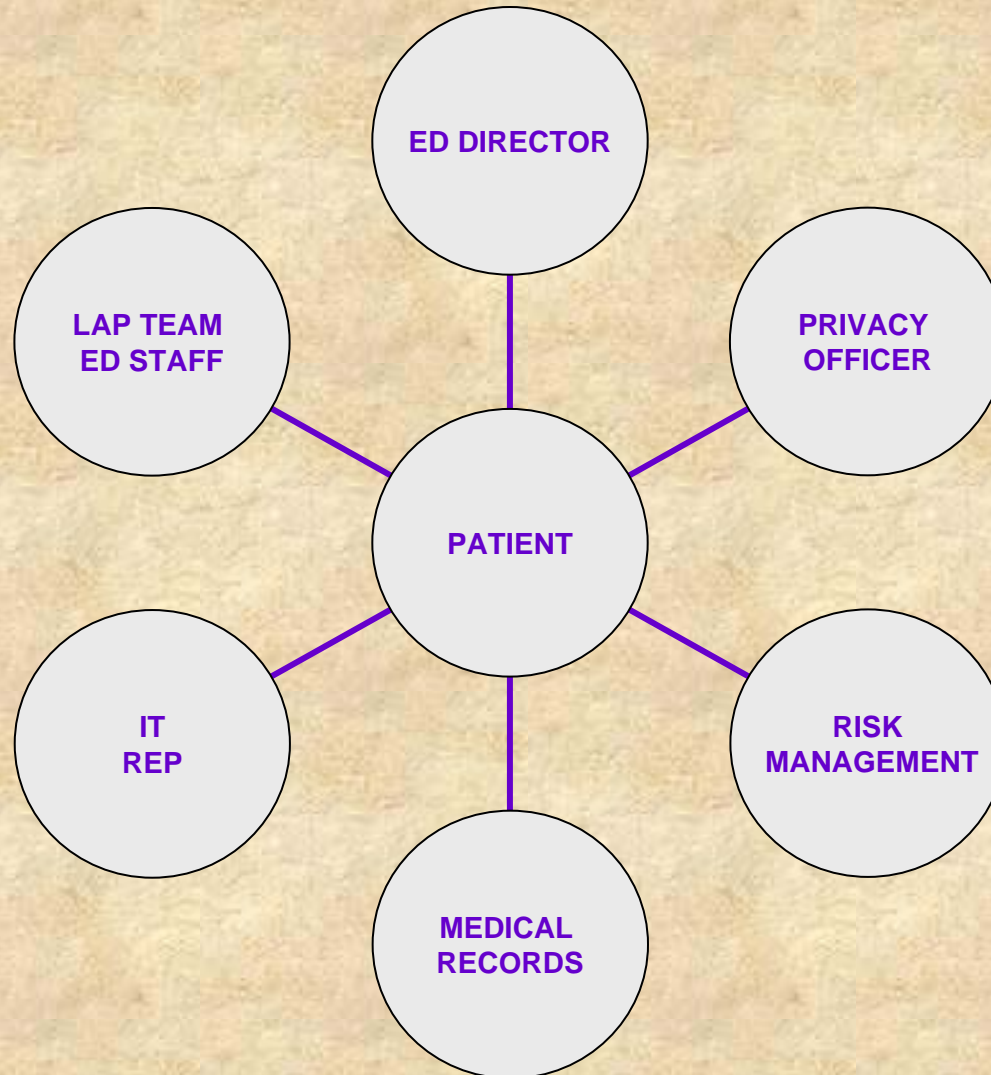
## 2. CONNECT

**High Danger** of being killed

- Call **Heartly House**.
- Encourage victim to speak to hotline worker.
- Hotline worker encourages victim to seek services.



# LETHALITY TEAM WORK



LABEL  
Date & Time

### LETHALITY ASSESSMENT SCREEN

<input type="checkbox"/> Check here if patient did not answer any of the questions.	
<b>▶ A. "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.</b>	
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<b>▶ Negative responses to Questions # 1-3, but positive responses to at least four of Questions 4-11, trigger the protocol referral.</b>	
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
6. Is he/she violently or constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
7. Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
8. Is he/she unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
9. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
10. Do you have a child that he/she knows is not his/hers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
11. Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.
<b>▶ Hospital staff member may trigger the protocol referral, if not already triggered above, as a result of the patient's response to the below question, or whenever the staff member believes the patient is in a potentially lethal situation.</b>	
Is there anything else that worries you about your safety? (If "yes") What worries you?	
Check one: <input type="checkbox"/> Patient screened in according to the protocol <input type="checkbox"/> Patient screened in based on the belief of hospital staff member <input type="checkbox"/> Patient did not screen in	
If the patient screened in: Did the hospital staff member contact Hearty House? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the patient screened in: After advising her/him of a high danger assessment, did the patient speak with the hotline counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I consent to this screen being given to Hearty House for statistical and follow-up purposes.

\_\_\_\_\_  
Patient Signature

DV information given to patient   
Lethality Screen utilized in this health care system is part of a program administered by **The Maryland Network Against Domestic Violence**.

*NOTE: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although, most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.*



# PRIVACY OFFICER / RISK MANAGEMENT

- I consent to this screen being given to Heartly House for statistical and follow-up purposes.

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Patient Signature

- DV information given to patient.
- Lethality Screen utilized in this health care system is part of a program administered by **The Maryland Network Against Domestic Violence.**

# FMH ED PROTOCOL

- Patient presents to ED.
- Triage RN assesses and asks mandatory subjective question:

**“Is there any indication, suspicion or belief of possible abuse?”**

- If yes ✓ one:**
1. Type of injury
  2. Family or pt behaviors
  3. Multiple visits



- If the nurse answers **“YES,”** a **Lethality Assessment** form, prints out with the patient’s summary.

# PROTOCOL (cont'd)

- Seat patient in waiting room.
- Inform Charge RN.
- Patient changed to Confidential status.
- Charge RN escorts patient to room.
- Family member sent to get visitor pass.

# PROTOCOL (cont'd)

- Primary RN **privately** reviews lethality assessment.
- RN places call to Heartly House (do not use patient cell phone).
- RN does not disclose patient name; informs high danger assessment.
- Patients choice to speak with Heartly House.

# FREDERICK MEMORIAL HEALTHCARE SYSTEM

## *ED PROTOCOL - FOR LETHALITY ASSESSMENT*

***NEVER*** let any visitor know that the assessment was done. This could put the patient into more ***danger*** and escalate the situation.



# CONCERNS



- The nurse must use discretion in administering the lethality tool.
- Some perpetrators won't let the patient be alone.
- Some patients present intoxicated or belligerent - **Safety First - Don't antagonize a hostile patient.**
- Patient is already at risk; **SAFE** focus is to give patient **knowledge** and **empower** them to make their own decisions.
- May mean multiple of abusive encounters before a patient commits to changing circumstances.

# EDUCATION

- All staff reviewed a mandatory protocol on NetLearning.
- Our ED clinical educator reviews our LAP protocol with each new employee.

# **LETHALITY ASSESSMENT PROGRAM**

**WELCOME TO A NEW WAY  
OF SAVING LIVES!**





**Questions????**