Lethality Assessment Program:
A Hospital Protocol
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.
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 ASSESSMENT SCREEN

☐ Check here if patient did not answer any of the questions.

A. "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.
1. Has he/she ever used a weapon against you or threatened you with a weapon? ☐ Yes ☐ No ☐ Not Ans.
2. Has he/she threatened to kill you or your children? ☐ Yes ☐ No ☐ Not Ans.
3. Do you think he/she might try to kill you? ☐ Yes ☐ No ☐ Not Ans.

B. Negative response to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.
4. Does he/she have a gun or can he/she get one easily? ☐ Yes ☐ No ☐ Not Ans.
5. Has he/she ever tried to choke you? ☐ Yes ☐ No ☐ Not Ans.
6. Is he/she violently or constantly passive or does he/she control most of your daily activities? ☐ Yes ☐ No ☐ Not Ans.
7. Have you left him/her or seen him/her after living together or being married? ☐ Yes ☐ No ☐ Not Ans.
8. Is he/she unemployed? ☐ Yes ☐ No ☐ Not Ans.
9. Has he/she ever tried to kill himself/herself? ☐ Yes ☐ No ☐ Not Ans.
10. Do you have a child that he/she knows is not his/her? ☐ Yes ☐ No ☐ Not Ans.
11. Does he/she follow or spy on you or leave threatening messages? ☐ Yes ☐ No ☐ Not Ans.

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.

Is there anything else that worries you about your safety? (If "yes") What worries you?

Check one: ☐ Patient screened in according to the protocol
☐ Patient screened in based on the belief of hospital staff member
☐ Patient did not screen in

If the patient screened in: Did the hospital staff member contact Emergency Services? ☐ Yes ☐ No
If the patient screened in: After advising her/him of a high danger assessment, ☐ Yes ☐ No
did the patient speak with the hotline counselors?

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

______________________________
Patient signature

DV information given to patient ☐

Lethality Screen utilized in this healthcare system is part of a program administered by The Maryland Network Against Domestic Violence.

NOTE: The questions 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 strument. Although, most victims who report “proximity” 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.

________________________
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.
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.
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???