

WPD-CPS-PSC-004–US Division

Patient Support Center (PSC) Handling Potential Crisis Calls during PSC Interaction

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1. Introduction/ Purpose

This document describes the process within the Patient Support Center (PSC) for handling potential crisis calls during a PSC interaction.

2. Scope

The scope of the document and the procedures described below apply to the Patient Support Center (PSC) Personnel. The procedure describes the actions of the Care Navigator/Patient Navigator and starts at the point where a potential crisis call may be identified. A crisis call is defined as a call in which the consumer makes reference to “suicide”, “suicidal thoughts”, or “suicidal ideation.”

3. Related SOPs/WPDs/Forms/Appendices

Document Number and Title	Location
Crisis Call Checklist Form	Appendix A
WPD-PSS-CEC-001 Potential Adverse Event, Special Scenarios and Technical Complaint	WPD Repository
JA-027 Job Aid Drug A Case Navigators General Inquiry for Company Customer Engagement Center	WPD Repository

4. Acronyms /Abbreviations

Acronyms/Terms	Translation/Meaning
AE	Adverse Event, Adverse Experience, Adverse drug Event, Adverse drug experience. Medicinal products for human use: <ul style="list-style-type: none">Any untoward medical occurrence in a patient or clinical-trial subject administered a human medicinal product and which does not necessarily have to have a causal relationship with this treatment. An adverse event can therefore be any unfavorable and unintended sign (e.g. an abnormal laboratory finding), symptom or disease temporarily associated with the use of a medicinal product, whether or not considered related to the medicinal product. ALL adverse events and/or special case scenarios must be reported to Company Patient Safety within 24 hours.
Care Navigator	Responsible for providing support and resolution for customer requests.
CEC	Customer Engagement Center
CRM	Customer Relationship Management
Crisis Call	A call in which the consumer makes reference to “suicide”, “suicidal thoughts” or “suicidal ideation.”
HCP	Healthcare Professional
CPS	Company Patient Safety



CPS	Company Patient Support
PN	Patient Navigators
PSC	Patient Support Center
Special Scenarios	<p>Cases of death without known cause and the following special case scenarios are handled the same way as AEs:</p> <ul style="list-style-type: none"> ○ Pregnancy cases ○ Drug use during lactation ○ Transmission of infectious disease via medication ○ Withdrawal reaction/syndrome and rebound effects with or without clinical symptoms ○ Lack of efficacy with or without clinical symptoms ○ Overdose with or without clinical symptoms ○ Intentional drug misuse/abuse with or without clinical symptoms ○ Drug dependence/addiction with or without clinical symptoms ○ Medication errors including maladministration, dispensing/prescribing errors with or without clinical symptoms ○ Occupational/accidental exposure (with or without clinical symptoms) ○ Drug-drug, drug-food interactions with or without clinical symptoms ○ Disease progression and aggravation with or without clinical symptoms ○ Off-label use including pediatric exposure with or without clinical symptoms ○ Treatment non-compliance with clinical symptoms ○ Unexpected beneficial effect
TC	<p>Technical Complaint</p> <ul style="list-style-type: none"> • A complaint relating to a potential physical defect with a product or packaging.
TL	Team Lead is responsible to coach and/or supervise the PSC Care Navigators/Patient Navigator personnel.



5. Process

Responsibility	Task
Care Navigator/Patient Navigator	<ul style="list-style-type: none"> Identify the purpose of the call and ask the consumer for answers to some basic questions: <ul style="list-style-type: none"> Name, phone number, reason for calling and product name
Care Navigator/ Patient Navigator	<ul style="list-style-type: none"> NOTE: Pay particular attention for any comments that may indicate that this is a potential crisis call (i.e. a call in which the consumer makes reference to “suicide”, “suicidal thoughts”, or “suicidal ideation”).
Care Navigator/ Patient Navigator	<ul style="list-style-type: none"> Enter information into Patient Support Center (PSC) Source Customer Relationship Management (CRM) system.
Care Navigator/ Patient Navigator	<ul style="list-style-type: none"> Enter information into Patient Support Center (PSC) Source Customer Relationship Management (CRM) system.
Care Navigator/ Patient Navigator	<ul style="list-style-type: none"> Determine how to respond to the consumer’s need. The call may or may not be a potential crisis call. <ul style="list-style-type: none"> If the call is a potential crisis call: <ul style="list-style-type: none"> Inform Team Lead (TL) that you have a potential crisis call. <ul style="list-style-type: none"> Ask questions as appropriate from the Crisis Call Checklist Form. Complete the answers to as many questions on the document as appropriate. Document in PSC CRM system. Ask if a caregiver is present that the consumer would authorize to speak on his/her behalf, and complete the call with the caregiver’s involvement. Check CRM for alternative contact information Transfer consumer to the Crisis Hotline (National Hope Line Network) at 1-800-SUICIDE (784-2433). If deemed necessary, TL calls Central Station at 862-778-6701 and asks that the police department in the consumer’s local area is contacted. Send an Adverse Event (AE) report as per WPD-PSS-CEC-001 Potential Adverse Event, Special Scenarios and Technical Complaint. Care Navigator completes Inquiry in PSC CRM System and closes Case. If the call is not a potential Crisis call: <ul style="list-style-type: none"> Refer to WPD-PSS-CEC-007 General Inquiry. <ul style="list-style-type: none"> Company Care Navigator completes Inquiry in PSCCRM System and closes Case.



6. Training Requirements

This WPD is applicable to the following Functional Roles (list all that apply)	Type of Training Required
<ul style="list-style-type: none">Care NavigatorPerformance ExcellenceTeam LeadPatient Navigator	Read and Understand

7. Review Cycle

This WPD will be reviewed annually or sooner if changes are required.



Appendix A: PSC Crisis Call Checklist Form

PSC Crisis Call Checklist Form

The following information, although not absolutely critical, is helpful to have when alerting police authorities about a possibly suicidal person in their jurisdiction. The more information the police have when responding to such a situation enhances their ability to help the endangered person while being mindful of the officer's own safety. While some of the information may seem superfluous, it helps create a more complete picture of the person in need and may put the situation in context.

It is suggested that in the course of a flowing conversation, as much of this information as possible be obtained.

- a. What are the exact dates and times the person called?
- b. How long since the last call?
- c. What precisely did the person say (verbatim if possible) to lead one to be concerned about a possible suicide?
- d. Did the person hang up before completing the conversation?
- e. Are they calling from a hard line or a cell phone/did they provide a home number or cell phone number at the beginning of the call? Capture phone number and address if hard line/location of caller if cell phone?
- f. Are they alone? If they are alone, how long have they been alone, hours, days? When is the last time they spoke to somebody else?
- g. Will they provide the name and phone number of a relative, friend, or co-worker? How far away would that person be?
- h. Have they taken any medication? If so, what, and how much? When was the last time? Do they have access to more?
- i. Is the consumer's speech slurred? Are they coherent?
- j. Depressed/despondent or Excited/agitated?
- k. Has the consumer ever had these feelings (suicidal) in the past?

This information may assist responding police in conversing with the person:

- l. Background information, age? Occupation? Training?
- m. Social considerations?
- n. Family information?
- o. Was there a recent event or situation, other than medicinal/health reasons, that may have triggered the call mentioning a threat of suicide?

