



POLICY, PROTOCOLS, AND PROCEDURES FOR AN EMERGENT OR URGENT SITUATION WITH PATIENTS

In the event that a Renova Health Care Manager or staff member becomes aware of an emergent situation regarding a patient's physical or mental health, the following protocols will be used:

Suicidal/Homicidal thoughts:

- 1. If available, the Team Lead may be asked to join or take over the call. If not available, consider contacting a Senior Care Manager, or In Clinic CM to assist.*
- 2. The Care Manager/Team Lead will gather basic information (a-f) from the patient or other person with the patient about the situation and intentions per scope of practice and call 911 (use a three-way call if possible; if not, hang up, call 911, and call the patient back). Questions g, h, and i are included as good examples of data that is nice to gather and fill time with the patient until the 911 operator takes over the call and/or EMS arrives.*
 - a) Name, Address, and County*
 - b) Emotional state and PHQ score if appropriate*
 - c) Are you alone or is anyone else there with you?*
 - d) Do you have a plan?*
 - e) What is your plan?*
 - f) Have you taken any action on that plan?*
 - g) Do you have a weapon or medications?*
 - h) When did you last eat, drink, and take medication?*
 - i) What can I do to help?*
 - j) He/she will not attempt to counsel the patient while waiting for further direction from the 911 Operator unless credentialed to do so.*
 - k) The Care Manager or Team Lead may remain on the line to provide patient support and information to the 911 operator until EMS arrives.*
- 3. Call the patient's Primary Care Provider (PCP) and In-Clinic CM and communicate the encounter immediately after taking care of the patient.*
- 4. If not already aware, the Care Manager will inform the Team Lead and discuss next steps as needed.*
- 5. Document the encounter in the patient's medical record.*

Suspected or witnessed Abuse or Neglect:

- 1. Be prepared to answer questions about physical and mental status*
- 2. Call (insert local number responsible for receiving emergency reports here)*
- 3. Call the patient's PCP and In-Clinic CM and communicate the encounter immediately after taking care of the patient.*
- 4. The Care Manager will inform the Team Lead and discuss next steps as needed.*
- 5. Document the encounter in the patient's medical record.*

Life-threatening status of a clinical condition or other emergency:

- 1. Advise the patient to call 911 and go to the ED*
- 2. If the patient refuses, ask him/her if they have someone who can drive them, and if so, go immediately to the ED. If no transportation assistance is available, ask if you can call 911 and ask for his/her address.*
- 3. If the patient refuses that you may call or there is concern that judgment is impaired, call 911 despite refusal.*
- 4. Call the patient's PCP and In-Clinic CM and communicate the encounter immediately after taking care of the patient.*
- 5. The Care Manager will inform the Team Lead and discuss next steps as needed.*
- 6. Document the encounter in the patient's medical record.*

In the event that a Renova Health Care Manager or staff member becomes aware of an urgent situation regarding a patient's physical or mental health, such as, but not limited to: worsening emotional status; worsening of a medical condition; suspected decline in cognitive status; an abnormal screening result; abnormal data from a device; concern about the home environment; or patient inability to communicate with the PCP, the following protocols will be used:

Worsening of a medical condition, worsening emotional status, suspected decline in cognitive status, abnormal screening result, abnormal data from a device, or other urgent clinical issue:

- 1. The Care Manager will gather basic information about the situation per scope of practice. If worsening emotional status is suspected and the patient is stable and cooperative, administer a PHQ-9.*
- 2. The Care Manager will call the patient's PCP and In-Clinic CM and communicate the situation, to include any applicable screening or assessment results and data.*
- 3. The PCP will assume care of the patient and instruct on next steps.*
- 4. The Care Manager will assist in the care of the patient as needed per scope of practice.*
- 5. The Care Manager will inform the Team Lead and discuss next steps as needed.*
- 6. The Care Manager will document the event in the patient's medical record.*

Concern about the home environment:

- 1. Be prepared to answer questions about physical and mental status*
- 2. Call (insert local number here for non-emergency police wellness check)*
- 3. The Care Manager will call the patient's PCP and In-Clinic CM and communicate the situation.*
- 4. The Care Manager will inform the Team Lead and discuss next steps as needed.*
- 5. The Care Manager will document the event in the patient's medical record.*

Inability of the patient to communicate with his/her PCP:

- 1. The Care Manager will call the In Clinic Team Lead, communicate the name, EHR#, and situation, and ask that they call the PCP's office to resolve the situation.*

Working outside the above-described protocols will result in disciplinary action up to and including immediate termination of employment.