Ambulatory Management

Joint Commission Webinar Series
Safeguarding High Risk Patients
Q&A

Suicide Presentation Q&A:

Question: If a patient agrees to present to ED, does the staff member need to stay on the line until they appear?
Answer: If you are on the phone, please try to stay on the phone with the patient. If a patient reports they are going to the ED, it should be documented before hanging up with the patient if they are commuting in.

Question: Does staff member need to stay on the phone until provider being paged connects with patient on the phone?
Answer: Staff should remain on the phone with a patient until connected with the appropriate clinician. Patient's identity and call back number should be documented in the event the patient hangs up.

Question: If a patient agrees to come into the clinic for an appointment/further evaluation, are we liable if the patient self-harms before coming in, and if they don't end up showing up should we call 911?
Answer: An agreement should be reached regarding how long it should take the patient to arrive and it should be documented in the patient's record. It is very important to have the patient's current location address to best assess how long it should take. If they do not arrive within the agreed upon timeframe you should call 911.

Question: PSCs answering phones remotely from home have limited ways to connect a licensed provider to the patient. They would need to put patient on hold and then somehow connect the two people. What steps should they take?
Answer: To ensure the communication is not lost if disconnected, the identity and a working call back phone number should be obtained. Whenever possible, staff should make every effort to connect the patient with a clinician.
Note: Specific guidance for further action steps is currently in progress and will be available once finalized and approved for distribution.

Question: Is there a protocol for questions that you should be asking if patient says they are suicidal for nursing or PSC?
Answer: There is a small group currently meeting to put together a phone triage guideline that will be shared with ambulatory practices once available.

Question: If the patient states they are going to an outside ED, how do we verify that?
Answer: Call the outside ED to confirm after documenting in the patient chart that they report they will be going elsewhere.

Question: Does HIPPA, apply if we call another ED to find out if a patient has arrived?
Answer: We are able to speak to other providers regarding patient care.

Question: Should we call 911 if a patient is actively suicidal?
Answer: Yes, calling 911 would be in the patient's best interest.

Question: If patient states they are suicidal but have a safety contract should we still call 911?
Answer: Patient identity and a working telephone should always be confirmed, in the event a phone call is disconnected. The patient should be connected with a licensed clinician to review the contract and complete an assessment. If the caller hangs up before connection with a licensed clinician takes place, 911 should be called.
Note: Specific guidance for further action steps is currently in progress and will be available once finalized and approved for distribution.

Falls Presentation Q&A:

Question: In the ambulatory setting, when should we incorporate falls screening, when the appointment is being scheduled or while they're being roomed?
Answer: The screening is helpful to trigger alerts and should be determined by the practice as to the process.

Question: Could this information be used when deciding if a patient can have someone with them during a visit, considering the current rules requiring patients to arrive at appointments alone due to COVID?
Answer: Practices should use the falls tool to ensure that patients at risk are safely screened to ensure safe arrival.

Question: Can fall risk assessment be filled out by a nurse, ma or provider?
Answer: Fall screening can be done by anyone. Assessment is completed by a clinician.

Question: Who adds to the problem list?
Answer: Licensed clinicians may add to the problem list. Workflows on who will complete the list may vary by practice. This is not a medical assistant function.

Question: We currently use a paper form to assess for fall risk. Is filling this in Epic to take the place of the paper form?
Answer: If the paper form is being used by your department, the information should ultimately end up in the medical record to ensure that the information is documented appropriately.

Question: Is there an official falls tool in Epic for pediatrics?
Answer: There is currently not a falls tool in Epic for pediatrics. At risk for falls may still be added to the problem list to trigger the banner.