

<<Practice Logo or Name>>
Practice Protocol
Patient Safety

Protocol

<<Practice Name>> seeks to maintain the safety of its patient and conducts its services to ensure patient safety by enacting the following as applicable:

- Educating patients about preventive and well care aspects.
- Discussing adverse drug events on a medication
- Tracking test and required follow-up
- Disclosing errors of clinical significance to the affected consumers and/or caregiver as needed
- Providing risk/side effects of invasive procedures, which are usually noted in the informed consent form.
- Alerting patients of the need to report and/or seek assistance on issues of domestic violence and urgent social needs situations.
- Identifying signs of depression or suicide risk and providing timely intervention or referral.

Additionally, <<Practice Name>> trains its staff to be able to manage all patient safety concerns that may arise. A Safety Concern is any situation discovered by <<Practice Name>> staff that poses an immediate threat to the health and safety of a patient that may include but is not limited to:

- Patients demonstrating behavior like wishing to die or violent thoughts
- Patients expressing suicidal or homicidal ideation with an imminent risk of harm to self or others
- Patients report a life threatening situation (i.e. child abuse, spousal abuse, elder abuse)
- Patients exhibiting symptoms indicating a medical emergency/acute life event

Safety concerns can be conveyed either in person or via phone. When <<Practice Name>> staff becomes aware of a safety concern they enact the following protocol:

- Ensure they have pertinent information, which may include the patient's name, address, physical location, and phone number.
- Obtain location and contact information if the patient is not present in the office.
- If the <<Practice Name>> staff is not a licensed clinician, then they will either warm transfer the call or flag down a licensed clinician to proceed with assessing the patient.
- The clinician will speak with the member until there is reasonable assurance that risk for suicide or violence has been reduced and they are able to contract for safety.

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- If the patient is unable to contract for safety, the clinician will provide the patient with emergency access numbers or, as necessary, directly contact the appropriate Emergency Medical System (EMS).
- In the event the patient leaves the office or terminates the call, the clinician will attempt to re-contact the patient or follow the appropriate Duty to Warn protocol.
- After the situation has been managed, <<Practice Name>> staff will inform the Clinical Manager (equivalent) of the situation.
- The Clinical manager, or equivalent, determines any other necessary immediate action or reporting.
- The manager will document the incident and ensure clinical staff provides a follow up call within one business day to verify the outcome and ensure continued safety, as directed by the Clinical Manager (equivalent).
- All safety concerns are tracked and monitored by the clinical manager (equivalent) to ensure the appropriate protocol was enacted.

<<Practice Name>> complies with the federal and state laws and regulations regarding mandated reporting and duty to warn.

(Complies with PCHCH v1.0, Standard PO6)

Referenced URAC Standards- To be removed from final version:

PCH-PO 6: (COR) Patient Safety Mechanism

The Practice has a patient safety mechanism in place to respond to situations that pose an immediate threat to the health and safety of its patients.