

BAYCARE BEHAVIORAL HEALTH**POLICY/PROCEDURE**

Title: <p style="text-align: center;">TELEHEALTH</p>	Number: BC-BH-130
Sponsored By: Behavioral Health Collaborative	Pages: 1 of 1
Approved by: VP Behavioral Health and Medical Director Signature: <i>Griff Lyder</i> <i>Maria Lewan, M.D.</i>	Original Issue Date: 10/2019 Revision Dates: Review Dates:

This policy is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by the health care provider warrants taking other actions.

POLICY:

To provide timely and appropriate patient services, telehealth may be provided as an option equivalent to face-to-face services.

PROCEDURE:

1. If determined a provider is not able to be present in the same location as the patient, telehealth may be offered.
2. Services provided via telehealth require the expressed written consent of the patient. This consent must be documented in the patient's medical record.
3. Assigned staff confirms necessary technology and/or equipment is available and functions at the originating site and remote site:
 - (a) Prior to the start of service delivery
 - (b) As needed throughout services
4. Avoid audio recording, video recording, or photographing of a telehealth session.
5. Telehealth providers practice in a manner consistent with their scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state, and within the provisions of Florida Law as they relate to telehealth.
6. Telehealth providers and staff facilitating telehealth services shall be familiar with:
 - (a) BH-CLI-509 Crisis-Medical Intervention Emergency Plan
 - (b) BH-Hlth-Sfty-818 Home Visit Safety
 - (c) BC BH 3767 Consent to Participate - Telemedicine

Addendum to the consent to treatment form Consent to participate – Tele Psychiatry

Purpose: The purpose of this addendum to the Patient Agreement and Consent form is to obtain your consent to participate in a telemedicine consultation in connection with the management of your psychiatric needs.

Nature of a Telemedicine Consultation: During a telemedicine consultation, details of your medical, mental health and substance use history, previous examinations or evaluations, test results and diagnostic history as well as contents of your medical records at BayCare will be shared and discussed with health professionals through the use of interactive video, audio and telecommunications technology. BayCare's Privacy Notice provides specific information on your privacy rights and uses and disclosures of protected health information.

Medical Information and records: All existing rights and laws regarding your access to your protected health information including copies of your medical records apply to telemedicine consultations.

Confidentiality: Appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation.

Consent: By signing this addendum I verify my understanding of the following:

- I am giving permission to BayCare Behavioral Health to share information for treatment, payment or healthcare operations related to the provision of telemedicine services.
- I understand that this consultation will not be the same as a direct client/provider visit due to the fact that I will not be in the same room as the provider.
- The video conferencing technology and usage has been explained to me.
- I understand there are potential risks to this technology including possible interruptions, unauthorized access and technical difficulties related to the equipment being used.
- I understand that my provider or myself can discontinue the telemedicine consultation if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand that I may discontinue the telemedicine consultation for any reason.
- Psychiatric Support staff will be present during the sessions for assistance of the patient, family and medical provider.
- I have read this document carefully, and understand the risks and benefits of the teleconferencing consultation and have had my questions regarding the telemedicine consultation explained and hereby consent to participate in a telemedicine consultation under the terms described herein.

I hereby agree: To receive tele-psychiatry/Telemedicine services and consent to the standard and customary procedures of evaluation and treatment provided through these consultations as prescribed by the staff at BayCare Behavioral Health for:

- Myself
- My child
- The person listed below for whom I serve as the legal guardian (*Must provide legal documentation as to proof of guardianship status) *Copy of documentation proving/establishing guardianship was or has been obtained.

Signature (Client/Parent/Legal Guardian/Authorized Representative)

Date

Witness signature

Date




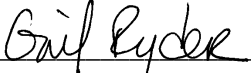
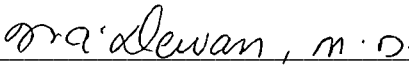
**ADDENDUM TO THE CONSENT FOR TREATMENT FORM
CONSENT TO PARTICIPATE – TELE PSYCHIATRY**
BC BH 3767 Rev. 09/19

**P
A
T
I
E
N
T**

Last Name: _____

First Name: _____

FIN#: _____

Title: CRISIS / MEDICAL INTERVENTION EMERGENCY PLAN	Number: BH-CLI-509 Pages: 1 of 2
Department: Clinical Services Department: Tracey Kaly, Director of Ambulatory Clinical Operations  Tracey Kaly, Director	Original Issue Date: 2/03 Revision Dates: 4/12, 6/12, 9/17 Review Dates: 5/03, 1/05, 1/10, 4/11, 4/12, 6/12, 4/13, 4/14, 2/15, 3/16, 2/17
Approved by: Vice President of Behavioral Health Services and Chief Medical Officer of Behavioral Health Services  /  Gail Ryder, VP Nick Dewan, M.D., CMO	

This policy is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by the health care provider warrants taking other actions.

POLICY:

To establish procedures for handling medical and psychiatric emergencies and crisis situations in non-acute care settings. 911 should be called if a medical emergency occurs. Psychiatric emergencies should be assessed by qualified individual and steps should be taken to ensure all involved are safe.

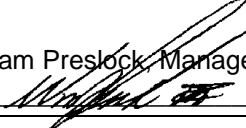
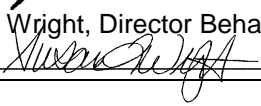
PROCEDURE:

1. Team Members will assess situations where an individual is experiencing a crisis.
 - a. Team Members with De-escalation training will intervene. If de-escalation, using NAPPI (Non Abusive Psychological and Physical Intervention) techniques, is unsuccessful, call 911.
 - b. Remain with the individual in crisis and assure that all others, including: patients, visitors, and team members, are relocated to an area where their safety can be maintained.
 - c. If the individual is reporting thoughts of harming themselves or others, contact a licensed clinician to assist with the situation as follows:
 - 1) Assess for involuntary Baker Act Criteria. If criteria are met, a BA 52 form is completed by the licensed clinician and law enforcement are contacted.
 - 2) If at a site that has an Integrated Stabilization Unit (ISU), the ISU will be contacted regarding the Baker Act. Other sites will contact the nearest BayCare Psych ED or BCBH Emergency Services to notify of Baker Act. Original Baker Act must go with law enforcement.
 - d. If licensed clinician is unavailable, contact law enforcement to assess for Baker Act.
 - e. It is the responsibility of law enforcement to transport a patient who has been Baker Acted to a receiving facility.

2. Physical Hold: If an emergency safety situation occurs, which is an unanticipated behavior that places the person served or others at an imminent serious threat of violence or risk of injury a physical hold may be utilized to maintain safety until 911 responds only in the following circumstances:
 - a. De-escalation without physical intervention has been determined to be inadequate; and the safety of the individual or others is at risk.
 - b. The team member has received NAPPI Advanced training.
 - c. At least two team members are present.

3. Assess for a suspected injury or medical condition. If the incident requires assessment or treatment beyond minor First Aid, follow these steps:
 - a. Provide stabilization as needed
 - a. Begin emergency CPR/First Aid treatment (if certified to provide).
 - b. Call 911 and clear the area. Provide reassurance to the individual.
 - c. Assist EMS as needed. Provide pertinent medical information.

- d. After EMS arrives and departs with the individual, notify the program coordinator/manager.
 - e. Notify the closest relative or emergency contact.
 - f. Contact supervisor.
 - g. Document event in the individual's medical record. (State name of hospital where the individual was transported.)
 - h. Notify the team members involved in the individual's care.
 - i. Provide counseling/support to the person and/or the individual's family as needed.
4. If at any time a team member has questions or is unsure as to how to proceed, contact immediate supervisor, manager, or risk manager for direction.
 5. Direct care staff are provided education during orientation and annually addressing identification and assessment of suicidal and homicidal high risk factors, first aid, and CPR. .

Title: <p style="text-align: center;">HOME VISIT SAFETY</p>	Number: BH-Hlth/Sfty-818 Pages: 1 of 1
Department: Facility Operations Department: William Preslock, Manager of Facility Operations Signature: 	Original Issue Date: 4/3/95 Revision Dates: 4/10, 8/18 Review Dates: 3/10, 4/11, 3/12, 2/13, 3/14, 2/15, 2/16, 2/17
Approved by: Susan Wright, Director Behavioral Health Operations Signature: 	

This policy is developed as a guideline to address general circumstances. There may be certain instances in which the exercise of professional judgment and/or discretion by the health care provider warrants taking other actions.

POLICY:

To define procedure for conducting client home visits.

PROCEDURE:

- A. Home Visits occur on a scheduled or crisis basis.
- B. Home Visits are reflected in the department schedule.
- C. A copy of the appointment schedule is made available to the coordinator.
- D. Team members requesting the accompaniment of a co-worker on the home visit; discusses with the supervisor in advance.

Team member:

- A. Notifies law enforcement in a dangerous situation; awaits arrival of law enforcement before entering the home.
- B. Does not enter a home with known or suspected communicable disease that can be transmitted while providing care unless the Infection Control Liaison or Employee Health Nurse instructs the staff on control measures to prevent or reduce the risk of exposure. Communicable diseases are identified in the Infection Control Manual.
- C. Are encouraged to bring a cell phone for emergencies.
- D. Document Home Visits and off-site services in the medical I record.
- E. Leave immediately, if the situation appears dangerous. Notifies Supervisor of concerns.
- F. Allows the client time to secure an animal in a separate room if showing signs of aggression. Notes on the assessment that the client has an aggressive animal.

RECOMMENDED PRECAUTIONS:

Make a visual inspection of the area before exiting vehicle. Park near a street light in close proximity to the residence if leaving after dark.

Do not park parallel to vans or enclosed trucks next to overgrown bushes or shrubs, and always leave plenty of room in front of and behind vehicle so you can drive away easily if needed.

Keep personal belongings/valuables including purse or wallet out of sight in the vehicle. Consider locking valuables in vehicle trunk or in a vehicle compartment prior to arriving at the residence.

Keep the vehicle doors locked and windows up at all times during the visit. If someone approaches vehicle unexpectedly or tries to open your vehicle door, honk horn repeatedly and drive away.

When walking from your vehicle to the client's home and to vehicle after the visit, have keys in hand reducing the time left standing unattended at your vehicle.

If going into an apartment building for the first time, consider asking the Apartment Manager to accompany you.

Be cautious around elevators. If suspicious of another passenger, wait for the next car. In some cases, it may be advisable to use the stairs. For interior stairwells, be sure the stairwell door does not lock by checking the interior door knob and door latch to ensure the knob turns and releases the latch.

Recognize early warning signs of agitation with the client and family members or visitors during the visit and vacate the premises immediately if you determine the visit to be or have the potential to become unsafe.