Date: 2/23/18
To: CSM Medical Staff
From: Rick Shimp MD,
Suzanne Wilkerson MD
RE: Suicide Screening and Risk Assessment
Informed Consent

Columbia Suicide Severity Rating Scale (C-SSRS), Implementation Thursday March 1st

In order to ensure that we are compliant with The Joint Commission Patient Care Standards that govern how we screen and assess patients for suicide risk, **we are implementing new screening and assessment tools within our EHR for both Columbia St. Mary's campuses.** It is a requirement that we use evidence-based tools for screening and assessing our patients and that we do this in all inpatient and outpatient areas within our hospital facilities. (These areas include ED, Testing and Treatment, Hospital Based Outpatient Clinics, Day Surgery, Women's Hospital, Behavioral Health and all Medical/Surgical and ICU units.) Based on this requirement, we have elected to implement the Columbia Suicide Severity Rating Scale (C-SSRS).

*Ambulatory Clinics will continue to utilize their current screening processes at this time and will not be transitioning to the new screening tool.

As Columbia St. Mary's-Milwaukee prepares for an upcoming Joint Commission survey it is vital that leaders and associates can communicate clearly about why these changes are being made and how to utilize the tools.

Nursing staff will soon be trained regarding the use of the C-SSRS Screening Questionnaire during the patient intake process. **Patients who screen high risk for suicide require a C-SSRS Risk Assessment and a physician order for suicide precautions.** Personnel responsible for Risk Assessments will vary depending on the intake location of the patient.

Intake Location of High Risk C-SSRS screening	C-SSRS Risk Assessment performed by
Emergency Department	Emergency Department Physician
Behavioral Health	Behavioral Health RN
Inpatient Area	Case Manager
Outpatient Area	Emergency Department Physician via transfer to ED

If you are the attending physician you will be notified of all positive screening results. **While the screening and assessment processes are changing, our current procedures for the care of high suicide risk patients is not impacted.**

Columbia-Suicide Severity Rating Scale reference site
http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

Contact Information regarding the C-SSRS:
EHR questions:
Karen.Shapiro@ascension.org or Suzanne.wilkerson@ascension.org (pager 414-557-6860)
Clinical questions:

Katherine.McGlynn@ascension.org ,Meghan.Lorbiecki@ascension.org, Nicholas.Larkin@ascension.org.

Informed Consent, Implementation Thursday March 1st

In order to ensure that we are compliant with The Joint Commission Patient Care Standards that govern safe practices regarding informed consent, Ascension Wisconsin has developed a new policy. **To support policy changes, we are changing the paper consent permits, and implementing new tools within our EHR for both Columbia St. Mary's campuses.** Changes are listed here.

- Separate permits for blood and procedures will replace our current combined permit (see attached).
    - "Authorization and Consent to Surgical/Other Invasive Procedure"
    - "Consent for -or- Refusal of Transfusion of Blood or Blood Products"
- Physicians will no longer sign the paper procedural permit/consent.
- Physicians must document procedure and blood product administration informed consent conversations in the electronic medical record. **
- Nurses will no longer be responsible for confirming the physician's documentation of informed consent.

**Each Physician can individually determine where in the medical record to attest to the informed consent discussion. The following tools will be made available on March 1st to support an efficient workflow. (See attached Job Aid)

- Custom PowerNote Template "Attestation Informed Consent Discussion"
- Autotext
- Enhancement of current PowerNote templates:
    - Moderate Sedation Pre-Assessment H&P
    - Day Surgery H&P
    - H&P Update

Contact Information regarding the Informed Consent:
EHR questions:
Suzanne.Wilkerson@ascension.org (pager 414-557-6860)
Policy and Procedure questions:
joseph.wildt@ascension.org

Job Aid - Attestation of Informed Consent Discussion for Procedures and Blood Product Administration (2/22/18)

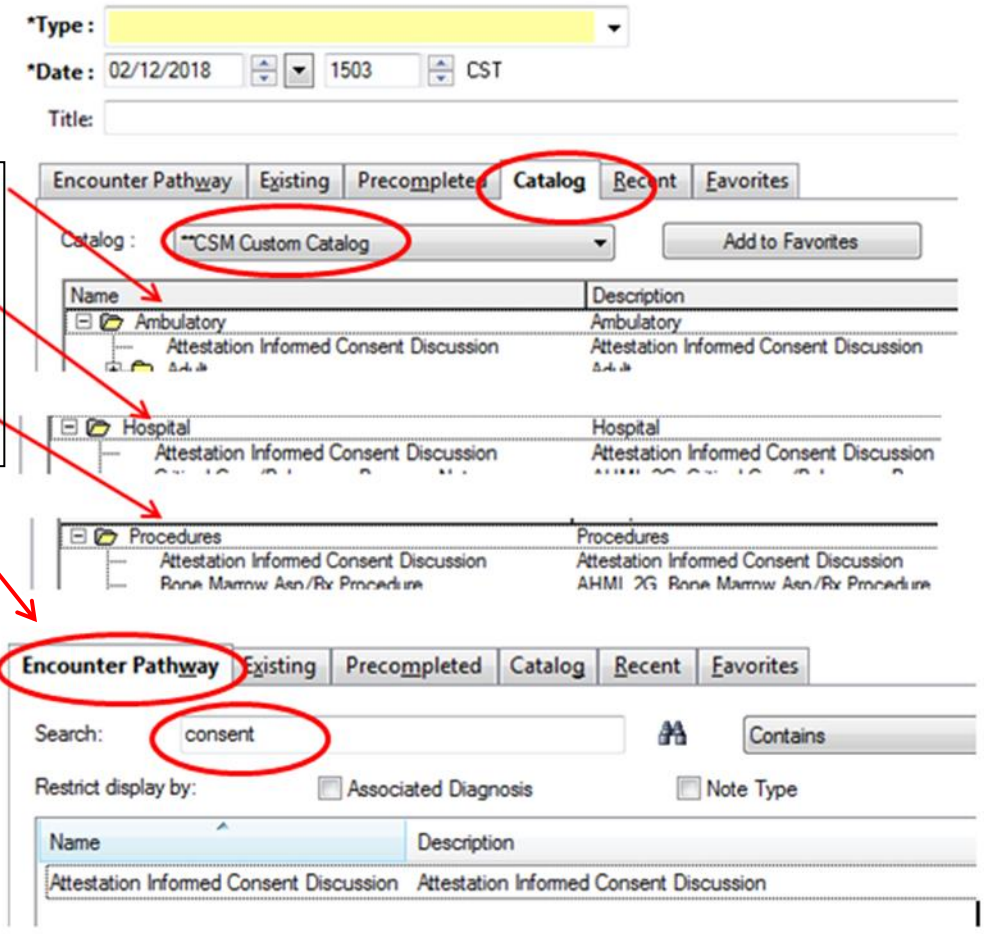
Each Physician should individually determine where in the medical record to attest to informed consent discussions for procedures and blood product administration.

The following tools will be made available on 3-1-2018 to support efficient documentation workflow.

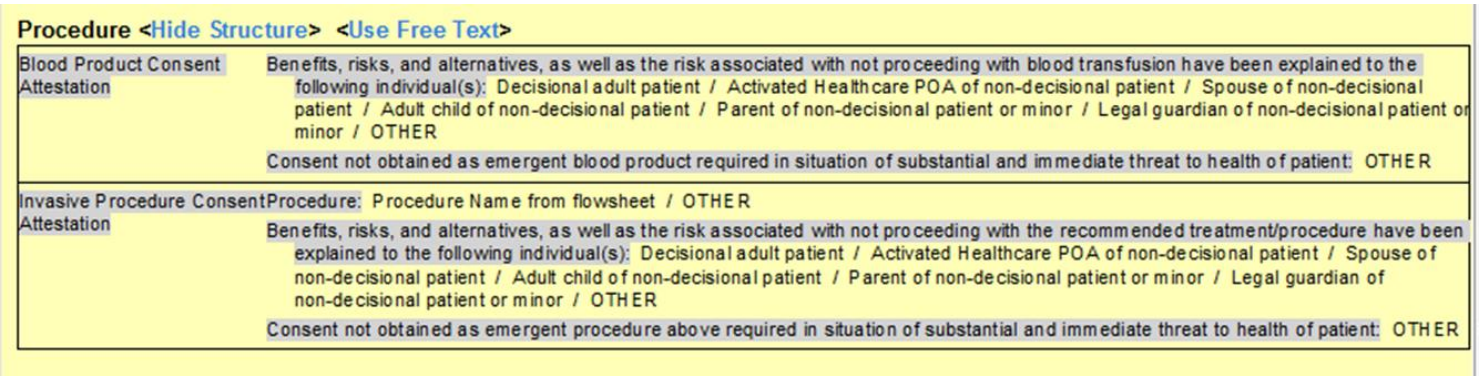
1) PowerNote Template "Attestation Informed Consent Discussion"
2) Autotext
3) Enhancement of current PowerNote templates
    - Moderate Sedation Pre-Assessment H&P
    - Day Surgery H&P
    - H&P Update

PowerNote Template "Attestation Informed Consent Discussion"

The PowerNote template can be found in either the CSM Custom Catalog or via an Encounter Pathway search.



The PowerNote template contains language to attest to the informed consent discussion as well as quick pick options for specifying the person(s) involved in the discussion. There are also options to document emergent situations.

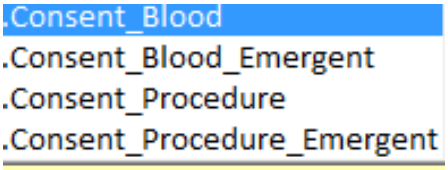


Procedure <Hide Structure> <Use Free Text>

Blood Product Consent Attestation	Benefits, risks, and alternatives, as well as the risk associated with not proceeding with blood transfusion have been explained to the following individual(s): Decisional adult patient / Activated Healthcare POA of non-decisional patient / Spouse of non-decisional patient / Adult child of non-decisional patient / Parent of non-decisional patient or minor / Legal guardian of non-decisional patient or minor / OTHER
	Consent not obtained as emergent blood product required in situation of substantial and immediate threat to health of patient: OTHER
Invasive Procedure Consent Attestation	Procedure: Procedure Name from flowsheet / OTHER
	Benefits, risks, and alternatives, as well as the risk associated with not proceeding with the recommended treatment/procedure have been explained to the following individual(s): Decisional adult patient / Activated Healthcare POA of non-decisional patient / Spouse of non-decisional patient / Adult child of non-decisional patient / Parent of non-decisional patient or minor / Legal guardian of non-decisional patient or minor / OTHER
	Consent not obtained as emergent procedure above required in situation of substantial and immediate threat to health of patient: OTHER

Autotext

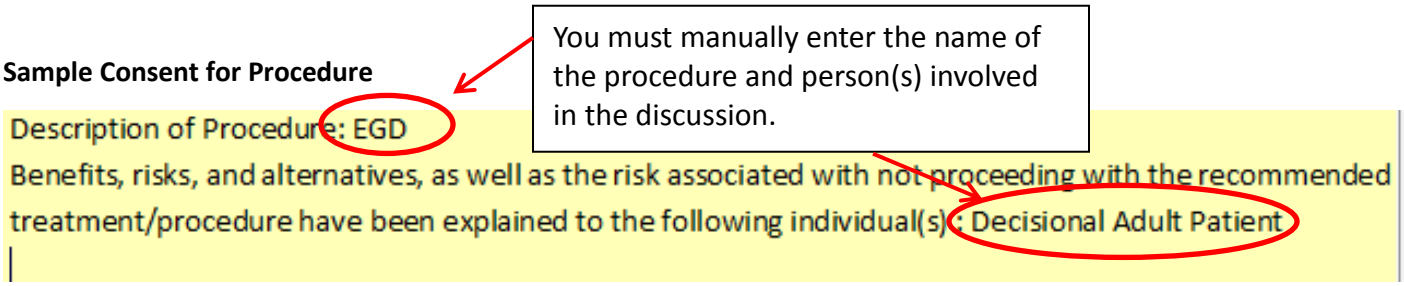
Autotext templates can be found by typing the appropriate *dot phrase* within PowerNote.
There are four options as shown here.



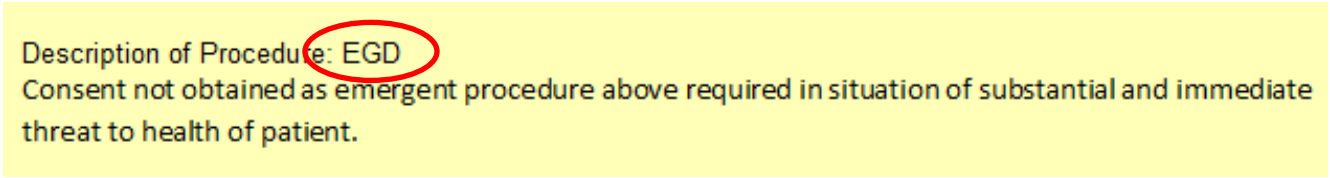
.Consent_Blood
.Consent_Blood_Emergent
.Consent_Procedure
.Consent_Procedure_Emergent

The Autotext templates contains language to attest to the informed consent discussion.

Sample Consent for Procedure



Sample Emergent Procedure



Enhancement of current PowerNote templates

The following templates will have optional language that can be selected to attest to informed consent discussions.

- Moderate Sedation Pre-Assessment H&P
- Day Surgery H&P
- H&P Update

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Authorization and Consent to Surgical/ Other Invasive Procedure

1. I _____ (Name of Patient) agree that I will have the surgery or other procedure(s) listed here: _____

_____

_____

_____

(Procedures to be Performed)

2. It will be done or supervised by Dr. _____ (Name of the Responsible Practitioner). My doctor may have help from others. I am aware that the people helping the doctor will only do things that they have been trained to do. They have been approved by the hospital to help the doctor.
3. My doctor has explained to me:
   a. What the procedure is and what will happen.
   b. How it may help me (the benefits).
   c. How it might harm me (the most likely and most serious risks).
   d. The long-term effects the procedure might have.
   e. My other choices for treatment.
   f. What will likely happen if I say "no" to this procedure.
   g. How I might feel right after and how quickly I can expect to feel better.
   h. What drugs will be used to sedate me, if any.
4. I agree that pictures, films, videotapes, or other records of the procedure may be taken. They may be kept with my health record or they may be used for teaching medical people or for science research at Columbia St. Mary's only. I am aware that my name will not be used on any of these items except those kept in my health record.
5. I agree that people from companies that make or sell items used in procedures may be in the room during my procedure if my doctor asks them to be there.
6. I understand that if my doctor asks or if it is needed by hospital/clinic policy, tissue removed from my body will be sent to the hospital's Laboratory to be tested. They will dispose of it when it is no longer needed.
7. I am aware that:
   a. I have the right to say "no" to this procedure,
   b. I can change my mind. If I do, I must tell my doctor or team as soon as possible.

I have read and agree to all of the above. My questions have been answered. I agree to the procedure.

Signature of Patient/Authorized Representative	Printed Name	Date/Time
Signature of Witness (to signature above)	Printed Name	Date/Time
Signature of Face to Face Interpreter – **OR** Signature of Designated Interpreter (per Waiver) – **OR** Phone or Video Interpreter ID#	Printed Name/Affiliation	Date/Time

Reference as needed:
Blood Product Administration - Consent for Administration of Blood Products
DNR-Operative/Invasive Procedure

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Consent for
-or-
Refusal of Transfusion
of Blood or Blood Products

Blood and blood products are needed for the body to function when blood is lost or the body cannot maintain proper levels. In the course of your treatment, you may need a transfusion of blood and/or blood products. Transfusion is a common procedure of low risk, however, minor and temporary reactions are not uncommon, including bruising, chills and fever. A serious reaction to the transfused blood or blood products is possible, but not likely. Serious complications can include but are not limited to, transmission of infectious diseases such as hepatitis and HIV (the virus that causes AIDS) or an adverse reaction by your body to components in the transfused blood or blood product.

The blood supplier performs extensive testing and donor screening on the blood. Testing for infectious diseases, which includes but is not limited to HIV and hepatitis, is performed. These tests reduce the risk of complications, but, in rare instances, are not totally able to prevent complications. Every effort is made to assure that the blood and blood products are as safe as possible.

There are alternatives to receiving blood from the donated blood supply including pre-donating your own blood (autologous donation) and blood salvage (collecting your own blood and giving it back to you). There can be complications associated with these alternatives as well and, in certain circumstances, there may be no effective alternative to a transfusion from the general blood supply.

I have been offered the brochure(s) from the Blood Center of Wisconsin. I have had an opportunity to ask my physician questions concerning this treatment. All of my questions have been answered to my satisfaction. I understand the risks, benefits and alternatives to receiving a transfusion of blood and/or blood products from the general blood supply.

CONSENT

I hereby consent to the transfusion(s). My signature below constitutes my acknowledgement that my physician/ designated representative has discussed the benefits, risks, and alternatives of a blood transfusion and I give my consent to a blood transfusion.

Signature of Patient/Authorized Representative (state relationship)

Printed Name

Date Time

Signature of Witness to Signature Above

Printed Name

Date Time

REFUSAL

I DO NOT consent to a blood transfusion and I assume all risks and hazards that may occur due to this refusal to consent.

Signature of Patient/Authorized Representative (state relationship)

Printed Name

Date Time

Signature of Witness to Signature Above

Printed Name

Date Time

Signature of Face to Face Interpreter – **OR**
Signature of Designated Interpreter (per Waiver) – **OR**
Phone or Video Interpreter ID#

Printed Name/Affiliation

Date/Time