Standard Operating Procedures

Purpose:
- To standardize how suicidal patients who call the call center are handled.

Background:
- Most incoming calls are initially taken by call center agents. However, it is possible to bypass the call center by dialing a direct extension.
- It is possible that some of these calls might involve a patient who expresses suicidal ideation.

Areas of Responsibility:
- Call Center Agents
- Patient Service Representatives (PSR)
- Medical Support Staff (MSS)
- Business Managers
- Medical Triage Personnel
- Behavioral Health Providers (BHP)
- Medical Providers

Procedure:
- The call center outgoing message will be amended to state: "If this is an emergency, please hang up and dial 911 OR go to your nearest emergency room. If you are in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK"
- The person receiving the call will ask for patient name.
- The person receiving the call will ask “Do you have a therapist, behavioral health or medical provider here at Salud that you regularly see?”
  - If YES: “Do you feel safe enough to wait for [BHP/PCP] to call you back? I am going to contact [BHP/PCP] and have [BHP/PCP] call you back as soon as possible. What is the best number to reach you?
  - If the caller states he/she cannot wait to talk to their BHP because he/she does not feel safe or if caller is discussing thoughts of suicide, the receiver of the call will say, “That sounds serious enough that I want to get some help for you right away. I am going to transfer you to the suicide hotline. They will be better able to help you.”
• If NO: The receiver of the call will transfer the caller to the suicide hotline number: 1-800-273-TALK.

• Additional steps:

  • Alert PCP/ BHP:

    • The receiver of the call will alert the caller’s BHP/PCP by generating a phone encounter through EHR AND by calling the medical triage directly.

  • Documentation: All individuals involved in the caller’s care at any point throughout this procedure will be responsible for documenting their portion in the patient’s record. Call center agents will use a “suicidal caller” form. The form should be forwarded to the Director of Integrated Services, who will then place it in patient’s medical record. Documentation should contain: Caller’s name, date & time of call; contents of conversation; steps taken.

  • The BHP/PCP will contact the patient as soon as feasible to arrange for a follow-up appointment.

    • If the patient is a clinic patient, the documents will be placed in the patient’s chart.

    • If the caller is not a clinic patient, the documents should be forwarded to the Director of Integrated Services for record-keeping.