MAXABILITIES OF YORK COUNTY

PROCEDURE TITLE: Medical Emergency

APPLICABILITY: MaxAbilities Staff
EFFECTIVE DATE: March 1, 1999
PROCEDURE REVISION: September 24, 2026
January 18, 2011
July 26, 2001

REFERENCE: OIDD Incident Reporting Directive 534-04 DD
MaxAbilities Procedure: Post Acute Medical Care Evaluation & Follow Up

PROCEDURE PURPOSE: This procedure establishes the protocol MaxAbilities staff members are to follow in the event of a medical emergency with a person supported by MaxAbilities or anyone on MaxAbilities property.

DEFINITION: A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

MEDICAL EMERGENCY IDENTIFICATION: MaxAbilities programs have staff on duty that are trained in the American Red Cross's Standard First Aid and CPR courses. Signs of a medical emergency can include but are not limited to difficulty breathing, chest pain, serious injury, or unresponsiveness. In the presence of a possible medical emergency, those trained staff members are to respond immediately to the person in distress. Emergency medical assistance via "911" is to be initiated and assistance provided until help arrives.

If more than one staff member is present in the facility at the time of the medical emergency, one staff member may contact the MaxAbilities Nursing Department to notify of the emerging situation while the other staff member provides emergency assistance to the person in need in accordance with first aid training. Once the notification has been made, the second staff member is to immediately return to provide emergency assistance to the individual in distress.

Once EMS has arrived and has taken over care responsibilities, staff will then contact program management to inform of the situation and request assistance in contacting family, primary care physician and other pertinent contacts.

EMS TRANSPORT: In medical emergency situations, MaxAbilities staff will access the "911" system for transport to local hospitals. If EMS refuses to transport and staff continues to feel that the consumer is in need of emergency medical care, at that point staff will transport the individual to the nearest Emergency Room. For residential consumers, staff must make arrangements for a staff member to follow the consumer to the hospital with the necessary documentation for medical staff to use to treat. Documentation is available through the THERAP online recordkeeping system. In order

to access THERAP at the hospital, staff will need to take with them the portable Chromebook or similar program-assigned technology and be able to access THERAP while at the hospital. Information staff should be able to access on the THERAP system can include but is not limited to: individual consent information *("pink form")*, family or surrogate contact information, current and historical medical information and the current Medication Administration Record. Residential program staff must also ensure that the other residents have appropriate staff supervision in place before leaving the program.

For day services participants, a staff member must follow the individual to the hospital ensuring that needed medical information is available for medical review. Once a day program participant's family arrives at the hospital and have been updated on the situation, staff may leave to return to the program.

HOSPITALIZATION: In the event a consumer is seen in the Emergency Room or hospitalized for either an emergency or planned procedure, staff will ensure that appropriate and thorough information is provided to hospital staff to ensure continuity of care. As sitter service is something the hospital is required to provide; MaxAbilities will utilize this service for residents with hospital stays. The MaxAbilities Hospitalization Checklist (*Attachment A*) will be used to ensure all necessary information is provided and that appropriate contacts are made prior to staff leaving a resident in the hospital. Part of the checklist is to obtain the hospital code to gather information for the resident, to document the code on the form and to provide the name and contact information for the Residential Administrator/Coordinator as that is the designated MaxAbilities contact. The completed checklist will be attached to post-acute reports and additionally will be uploaded to the resident's THERAP file.

ONGOING HOSPITALIZATION- STAFF DUTIES/ COMMUNICATION: In the event a residential consumer is hospitalized, MaxAbilities staff will maintain daily checks on the status of the resident. Throughout the hospitalization, it is the responsibility of the Administrator/ Coordinator to complete this daily visual check on the resident and to communicate with the hospital staff on their status. The Administrator/Coordinator will communicate with the family of the hospitalized resident to give updates. The Administrator/ Coordinator will also send daily status reports via e-mail to the Director of Residential Supports, Vice President-Operations, nurse assigned to the resident, the CEO/designee, the resident's Case Manager, and Tarrytown pharmacy. It is the responsibility of the nurse assigned to the consumer to initiate assistance in the in-person visit rotation if a resident is hospitalized for three days. These visits will continue until discharge and the nurse will regularly communicate with the doctor assigned to the resident's care to obtain medical status reports and to participate in discharge planning to ensure all medical/therapy needs are addressed and to ensure the hospital understands what MaxAbilities staff are authorized to do related to resident care. The nurse will send status reports via e-mail to the Administrator/ Coordinator, Director of Residential Supports, Vice- President- Operations and the CEO/designee as they are received. Prior to the hospital discharge of a resident, the Administrator/ Coordinator in cooperation with the MaxAbilities nurse will communicate with pertinent hospital staff,

typically the assigned hospital Social Worker, to develop a discharge report to ensure all needed interventions are in place at the time the resident returns home. If the resident needs Hospice or end-of-life care, the MaxAbilities staff will request an in-person discharge planning meeting with hospital medical personnel. Part of this meeting will include the request for a written discharge summary and any copies of testing completed from the hospital prior to discharge.

STAFF FOLLOW UP RESPONSIBILITIES:

1. Communication: Is to be provided in a timely manner to ensure continuity of care and to assure that any follow-up activity can be completed promptly. Communication must be provided as noted below for any hospitalization.

- Family/Guardian/Correspondent: The hospital must be provided a contact name who can assist in decision making. Any family contact made prior to the hospitalization should be made by a manager/Coordinator.
- Case Management: The assigned Case Manager must be notified at the time of hospital admission so the ID/RD Waiver can be discontinued while the resident is in the hospital.
- Assigned MaxAbilities Nurse: The agency nursing staff are required to assist in hospital monitoring and medical staff communication. They are also involved in post-hospitalization reporting.
- Pharmacy: The pharmacy must be notified so any adjustment to medical delivery schedules can be modified and the pharmacy is alerted to the potential for new orders to fill.
- Physicians: The resident's primary care physician needs to be notified as a standard of care. If the resident receives psychiatric care, the psychiatric provider needs to be made aware of the hospitalization so any cooperative assistance can be provided to hospital personnel as it relates to psychiatric stabilization.
- Administrative Management: Residential management staff and Executive staff have concurrent responsibilities for notification and document production. Phone call notification is required for any hospital visit to the Director of Residential Supports, VP-Operations, CEO/designee.

2. Documentation: Hospitalizations require prompt documentation. Required documentation that must be completed by the end of the shift includes:

- A GER (General Event Report) must be initiated on the THERAP system that details the medical issue prompting the emergency visit. This GER is initiated by the staff member who was present for the event, reviewed and approved by the Coordinator. This approval makes the GER visible to the individual's Case Manager.
- Shift Log: The program shift log must have the hospitalization noted for oncoming staff to be alerted.
- T-LOGS (therapy logs) must be kept to update the record on the course of the hospitalization.

- Incident Reporting: An OIDD Incident report is required for many hospitalizations. The responsibility of state reporting generally lies with the Vice-President- Operations under the general direction of the CEO.

POST-ACUTE REPORTING: As soon after the emergency situation as possible, but no later than the end of the shift, staff will complete the THERAP GER with all known information about the hospital visit. Following hospitalization, a Post Acute Illness Report will be completed. This report is required to be completed and a visual inspection of the resident provided between 24-36 hours. Prior to routing the report for review and signature, the GER, associated Post Acute Illness Report Cover Sheet and associated Hospitalization Checklist will be attached and routed as one report for review. Following review, the packet will be provided to the Lead Community Nurse Coordinator who will upload it to the THERAP portal.

STAFF TRAINING: Training on the requirements of this procedure are provided as part of the MaxAbilities initial onboarding and On The Job Training (OJT) process.