Guideline: Psychosocial Assessment

Guideline Number: Cardiopulmonary Rehab 13

Responsible Department: Cardiopulmonary Rehab

Scope: University of Toledo Medical Center



Effective date: 9/10/2025

Procedure:

To ensure that the Cardiopulmonary Rehab staff members assess the psychosocial status of patients admitted into the UTMC Cardiopulmonary Rehab Program and to respond to risk.

- (A) Patients will be screened for suicidal ideation by a staff member during a new patient in-take/evaluation visit and upon completion of the program. The staff member will verbally administer the Columbia-Suicide Severity Rating Scale (C-SSRS) (Appendix A).
 - (1) During the visit, the staff member will administer the C-SSRS and record responses.
 - (2) The staff member will follow the instructions on the rating scale and ask all questions. Based on patient responses, the staff member will implement the appropriate response and disposition plan linked to the last item answered "YES".
 - (a) Item 1: (Low Risk) Cardiac Behavioral Health Referral
 - (b) Item 2: (Low Risk) Cardiac Behavioral Health Referral
 - (c) Item 3: (Moderate Risk) Implement patient safety monitor/procedures, complete the Outpatient Clinic Suicide Precautions Checklist (Appendix B), consult provider (which could include provider, psychiatry resident on-call, and/or Social Worker), and Cardiac Behavioral Health Referral
 - (d) Item 4: (High Risk) Implement patient safety monitor/procedures, complete the Outpatient Clinic Suicide Precautions Checklist, consult provider (which could include provider, psychiatry resident on-call, and/or Social Worker),

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- and Cardiac Behavioral Health Referral
- (e) Item 5: (High Risk) Implement patient safety monitor/procedures, complete the Outpatient Clinic Suicide Precautions Checklist, consult provider (which could include provider, psychiatry resident on-call, and/or Social Worker), and Cardiac Behavioral Health Referral
- (f) Item 6: <3 months, follow High Risk plan; >3 months, follow Moderate Risk plan
 - (i) If implementing patient safety monitor/procedures, staff will do the following:
 - (a) The staff member will remain with the patient for the entire visit and remove all harmful objects from the room.
 - (b) The staff member or assisting personnel will consult with the provider (which could include provider, psychiatry resident on-call, and/or Social Worker).
 - (c) If the patient refuses to stay in the clinic, staff member will contact UT Security to assist.
 - (d) The staff member, provider, psychiatry resident on-call, and/or Social Worker will complete the Outpatient Clinic Suicide Precautions Checklist.
- (3) Completed scales are scored and entered in the patient's Individualized Treatment Plan (ITP) and EMR.
- (4) Patients will be reassessed as needed or with change in condition during the CR/PR Program.
- (5) Patients receiving a Cardiac Behavioral Health Referral may also be provided with a referral to other Mental Health Services.
- (B) Telehealth Considerations
 - (1) When performing a telehealth appointment with a patient, the staff member should confirm:
 - (a) The patient's physical location.
 - (b) A telephone number to contact should they lose connection.

- (c) An emergency contact and their phone number should the staff member need to contact to assist in maintaining patient safety.
- (2) If a patient expresses a psychiatric emergency during a telehealth appointment:
 - (a) The staff member is to attempt to remain on the phone with the patient.
 - (b) The staff member is to contact 911/emergency services to request a well-check.
- (C) <u>http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english</u>

Reviewed by:	
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