## Covenant Health Partners Inpatient Consent Process

Covenant Health Partner Navigation Consent Process

Verify patient's room #

Knock on room door

If invited, enter room and wash hands: verify patient by name

I would like to discuss <u>opportunities for assistance</u> available to you after you go home. May I please sit down and visit with you for a few minutes?

If pt. has no concerns, states that they have no interest in program, has no chronic disease process and/or already has a PCP---leave Action Plan and thank them for their time.

**Explain program.** We support and reinforce your discharge instructions from the hospital. This program assists after you go home by referring you to community resources for which you may qualify. The program also encourages you to develop a relationship with your healthcare providers.

We work with you and your doctor to help you set personal and attainable healthcare goals.

For the program, you will be assigned a navigator who can help you with such things as.... (Refer back to patient needs such as disease process teaching, some medical supplies if you qualify, monitoring logs, need for PCP, etc.)

<u>Use open ended questions to determine patient need for scale/BP cuff/other needs</u>: I see you have CHF, are you currently weighing yourself every day? I also see that you have high blood pressure; do you check your pressure daily? The program is a <u>free service</u> of Covenant and neither you nor your insurance/Medicare will be billed. The program generally follows your progress for two or three months. The first visit takes about an hour and the Navigator and nurse will come to your home, or meet with you in the Navigation room here at the hospital or another public location if you prefer. You will receive a call from the Navigation Team after you get home to set up the first appointment. Are you interested in participating in the Navigation Program? What are your questions or concerns?

What are your questions or concerns:

Review Action Plan, call patient attention to Community Resource handout and Covenant Navigation handout.

<u>If pt. refuses Navigation services</u>, thank patient for their time and leave Action Plan, Community Resource, and Navigation handout.

<u>If patient is interested in program</u>, review consent, answer any questions and verify patient's phone number and address. Have patient initial and sign. You sign as the witness.

Remind patient that someone from the Navigation Team will call them after discharge to set up the first appointment.

Place patient's copy of the consent in the  $\underline{\text{blue folder}}$  and leave it with the patient. Thank the patient.

Wash hands & exit room.

\*\*<u>If in doubt of patient's appropriateness for program</u>, do not consent. Explain to patient that determination for program inclusion will be made after discharge and the patient will be contacted if we can provide service.