POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) Ambulatory Clinics to provide a healthy and safe environment for patients, visitors, and staff. This plan describes the approach to management of unattended/incapacitated/special needs patients.

SCOPE:

This policy applies to all TTUHSC Ambulatory clinics operated through its Schools.

PROCEDURE:

1. Consent.
   a. It is the expectation that mentally incapacitated and/or cognitively impaired patients presenting for clinic appointments are accompanied by a representative or family member who can provide consent for treatment.
   b. Incapacitated patients without documented consent to treat will not be seen.
   c. Refer to 6.21, Informed Consent, and associated attachments.

2. Accompaniment.
   a. Physically incapacitated and/or cognitively impaired patients must have agency staff or family in attendance at all times during the appointment.
   b. Exceptions to this will be made on a case-by-case basis by nursing leadership with approval of the provider and only with the understanding that accurate contact information is provided and prompt response received once the appointment has ended.

3. Policy Enforcement.
   a. Noncompliance with this policy should be documented in an Occurrence Report and forwarded to the Director of Performance Improvement.
   b. Administration of the sending facility, and/or the appropriate family member should be contacted and notified of the violation of this policy and updated on this policy and the expectations.
   c. Repeated violations or disregard for this policy may result in the patient being terminated from care. All terminations will be initiated by the Director of Performance Improvement and approved by the provider, in accordance with 8.11, Termination of Physician & Patient Relationship.
   d. At any time, as required by law, the facility will be reported to the Department of State Health Services or family member(s) to Adult Protective Services for abandonment, neglect, and/or abuse of the elderly or disabled.
APPROVAL AUTHORITY:
This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:
It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:
TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:
This policy was approved by the Council of Deans on March 12, 2015.