**De-escalation Follow Up Procedure:**

- Escalation is resolved
  - De-briefing as necessary
  - Document as critical incident

  - Safety committee, risk mgt, QI, root cause or other responsible group to review escalation data quarterly to find patterns, trends or clusters
  - Forward to QI and/or safety committee.

- Patient escalates again
  - Employee who witnessed and/or was the target of the escalation documents in patient EHR in a designated area
  - Identified person calls patient within 48 hours.

- If patient is reached, inform patient (empathically, skillfully) that they have crossed the limits of acceptable treatment of staff at the clinic. Let them know if it occurs again, they will be warned again. If it occurs again, they may be discharged as a patient.

- If patient is not reached after multiple attempts, flag patient in the practice management system, to schedule with identified person the next time patient calls. Patient should be allowed to schedule with a provider, as long as an appt is also scheduled with the identified person, to have the ‘warning’ conversation, on the same day.

- Document the conversation in patient EHR in designated area

- If incident involves physical threats, physical violence or weapons
  - This can be a single person who does this for all post-escalation calls, or it can be the person who has the best relationship with the patient who escalated.

- Patient escalates a third time
  - Patient staffed with CMO, COO and other relevant employees, for discharge.

- Document as critical incident

  - Follow all relevant discharge procedures including informing health plan, noting in practice mngt system, informing patient, staff, etc.