***TEMPLATE*: Provider Support Triage Tool**

**Date of Triage:**

**Date of Event:**

**Clinician:**

**Clinician #:**

[Organization/Facility] offers its clinicians Provider Support Services after significant adverse events or other incidents that interfere with the ability to provide safe medical care. This involves a telephone [or in-person contact] from a member of our Provider Support Team to offer emotional support and educate clinicians about how to take care of themselves after adverse events. This contact is considered confidential coaching and not health care. The content of the coaching is not discoverable if litigation ensues.\*

After clinician reports incident or adverse event, risk consultant or claims staff ask clinician about his/her personal response to the adverse event:

1. “How are you holding up with this?”

“Some providers [Physician/Nurse/Staff] report significant stress after adverse events including:

* concern about experiencing future adverse events;
* lacking confidence;
* difficulty concentrating
* feeling down/hopeless; or
* difficulty sleeping.”

2. “Have you had any of these symptoms?” [Check all that apply]

[ ] concern about experiencing future adverse events

[ ] lacking confidence

[ ] difficulty concentrating

[ ] feeling down/hopeless

[ ] difficulty sleeping

[ ] other (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If member reports 1 or more symptoms, provider support is offered:

[ ] Report to Claims: Contact peer support consultant within 24 hours of triage.

[ ] No reportable adverse event but provider behavior/condition creates a patient safety risk: Contact Provider Support Program Director for referral within 24 hours of triage. (See Provider Support Triage Process for referral steps.)

Date of Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claims or Risk staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Check your state law and legal counsel regarding confidentiality of provider support after adverse events.