Use this flowchart for cases when the medical treatment is deemed immediately necessary for:

- a) The preservation of life,
- b) The prevention of serious bodily harm, or
- c) The alleviation of severe physical pain or severe and sustained emotional distress.

Facility receives from the attending physician:

- 1) An order for an emergency medical intervention that requires informed consent and
- 2) The determination that the resident lacks capacity to make healthcare decisions.
- 1) Facility may administer the medical intervention prior to:
 - a) The facility issuing the required notice to the resident and resident representative and
 - b) Convening an IDT team review.
- 2) Document the emergency in the resident's records.
- 1) Promptly search for/identify a legal decision-maker.
- 2) If a legal decision-maker is not identified, promptly seek a friend or relative to serve as the patient representative to participate in an IDT review.
- 3) Document the efforts to complete steps 1 and 2 in the resident's records.

If the facility is not able to identify a private patient representative to participate in an IDT review, the facility must:

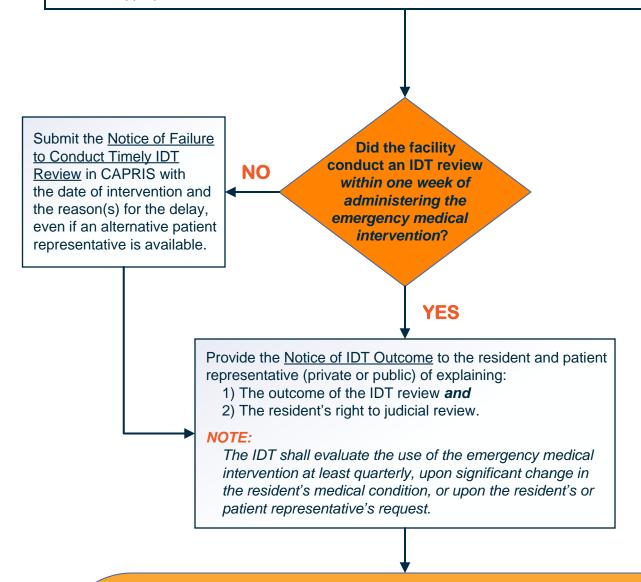
- 1) Request the LTCPRP to assign a public patient representative.
- 2) Make the resident's medical and clinical records and relevant facility policies and procedures available to the public patient representative assigned.
- 3) Facilitate the public patient representative's in-person or virtual meeting with the resident prior to the IDT review meeting.

Within 24 hours of administering the intervention, provide the required oral and written Emergency Intervention Notice to the resident and patient representative. Within 24 hours of administering the Was the intervention, submit a medical intervention copy of the ordered to treat severe and YES Emergency sustained emotional distress or Intervention Notice to involve the application of the LTCPRP, even if physical or chemical an alternative patient restraint? representative is available. NO Conduct the IDT review within one week of administering the intervention. (See page 2)

FACILITY RESPONSIBILITIES REGARDING IDT REVIEWS AND NOTICE REQUIREMENTS WHEN AN <u>EMERGENCY</u> MEDICAL INTERVENTION <u>WAS ADMINISTERED</u> TO A RESIDENT [HSC 1418.8]

Convene the IDT review meeting, which can be held in-person or virtually and must include -

- 1) The physician's assessment of resident's condition.
- 2) The reason for the proposed medical intervention.
- 3) A discussion of whether the proposed treatment is consistent with the resident's preferences/prior expressions of their health care wishes. The IDT shall give particular consideration to the resident's preferences/prior expressions of health care wishes unless they are inconsistent with the best interest of the resident, require medically ineffective health care, or contrary to generally accepted health care standards.
- 4) The type of medical intervention its frequency and duration and risks and benefits.
- 5) Probable impact on the resident's condition, with or without the intervention.
- 6) Any reasonable alternatives considered or utilized and reasons for their discontinuance or inappropriateness.



Report the following data to LTCPRP quarterly or as requested:

- (1) The Total number of emergency medical interventions authorized pursuant to HSC 1418.8(h).
- (2) The number of unique residents who have had an emergency medical intervention authorized.
- (3) A tabulation of emergency medical interventions where the IDT failed to meet within the required timeframe, including
 - (a) The causes of the delay
 - (b) The number of days after the intervention that the IDT finally met.