



**MONTANA STATE HOSPITAL  
POLICY AND PROCEDURE**

**INFORMING/COMMUNICATING  
CHANGES IN PATIENT'S CONDITION**

**Effective Date:** June 1, 2018

**Policy:** PH-03

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- I. PURPOSE:** To prescribe procedures for keeping family members, guardians, or other appropriate people informed of significant changes in a patient's health status while respecting the patient's right to confidentiality and privacy.
- II. POLICY:** Significant changes in a patient's health status (physical or mental) should be communicated to family members, guardians, or other appropriate persons. Communication of this information must be done in accordance with legal requirements and standards related to dissemination of healthcare information. Patients will be requested to identify the person or persons to whom they would like to have information conveyed, however, circumstances may require other notifications as well.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
  - A. Social work staff is responsible for identifying next of kin, guardians, or other people to be contacted in the event of an emergency or significant change in the patient's health status. Social work staff will provide Health Information with this information. Health Information staff will record this information in the patient's EHR clinical record. Any limits on information that can be reported must also be indicated.
  - B. Licensed Independent Practitioners (physicians, and advance practice registered nurses with prescribing privileges) and Physician Assistants are responsible for ensuring that information about changes in health status is communicated to patient families, guardians, or other appropriate persons.
- V. PROCEDURE:**
  - A. As part of social assessment procedures, every new patient admitted to the hospital without a legal guardian will be asked to identify family members, guardians or others they want notified in the event of an emergency or if a significant change in their condition occurs. Information should be reviewed and updated at least every three months by social work staff. Updated information will be forwarded to Health Information to facilitate entry into the EHR.

- B. Patient families, guardians, or other appropriate people are to be contacted when there is a significant change in a patient's condition or health status. Examples of circumstances of when it is appropriate to communicate information to these parties may include, but are not limited to:
1. Diagnosis of a new condition or a significant change in diagnosis
  2. Transfer of a patient to another healthcare facility for assessment, treatment, or care
  3. Unexpected deterioration in condition or status
  4. Significant injury or illness
  5. Serious suicide attempt
  6. Unauthorized leave or escape
- C. Ordinarily, information should be conveyed by the Licensed Independent Practitioner or Physician Assistant most directly involved in providing care or treatment for the condition being reported. This responsibility may be delegated to a nurse, social worker, or other appropriate staff member if the physician is unable to complete this task in a reasonable time as long as the person to whom this task is delegated can clearly and accurately convey the information. In this event, the Licensed Independent Practitioner or Physician Assistant must be available to respond to questions from the family, guardian, or other appropriate persons.
- D. Information communicated should be consistent with federal and state confidentiality laws and standards. As a reference, the following guidelines regarding HIPAA confidentiality requirements from the U. S. Department of Health and Human Services is provided:

***Does the HIPAA Privacy Rule permit a doctor to discuss a patient's health status, treatment, or payment arrangements with the patient's family and friends?***

***Answer:***

*Yes. The HIPAA Privacy Rule at 45 CFR 164.510(b) specifically permits covered entities to share information that is directly relevant to the involvement of a spouse, family members, friends, or other persons identified by a patient, in the patient's care or payment for health care. If the patient is present, or is otherwise available prior to the disclosure, and has the capacity to make health care decisions, the covered entity may discuss this information with the family and these other persons if the patient agrees or, when given the opportunity, does not object. The covered entity may also share relevant information with the family and these other persons if it can reasonably infer, based on professional judgment, that the patient does not object. Under these circumstances, for example:*

- *A doctor may give information about a patient's mobility limitations to a friend driving the patient home from the hospital.*
- *A hospital may discuss a patient's payment options with her adult daughter.*

- *A doctor may instruct a patient's roommate about proper medicine dosage when she comes to pick up her friend from the hospital.*
- *A physician may discuss a patient's treatment with the patient in the presence of a friend when the patient brings the friend to a medical appointment and asks if the friend can come into the treatment room.*

*Even when the patient is not present or it is impracticable because of emergency circumstances or the patient's incapacity for the covered entity to ask the patient about discussing her care or payment with a family member or other person, a covered entity may share this information with the person when, in exercising professional judgment, it determines that doing so would be in the best interest of the patient. See 45 CFR 164.510(b). Thus, for example:*

- *A surgeon may, if consistent with such professional judgment, inform a patient's spouse, who accompanied her husband to the emergency room, that the patient has suffered a heart attack and provide periodic updates on the patient's progress and prognosis.*
- *A doctor may, if consistent with such professional judgment, discuss an incapacitated patient's condition with a family member over the phone.*

*In addition, the Privacy Rule expressly permits a covered entity to use professional judgment and experience with common practice to make reasonable inferences about the patient's best interests in allowing another person to act on behalf of the patient to pick up a filled prescription, medical supplies, X-rays, or other similar forms of protected health information. For example, when a person comes to a pharmacy requesting to pick up a prescription on behalf of an individual he identifies by name, a pharmacist, based on professional judgment and experience with common practice, may allow the person to do so.*

*Source: <http://www.hhs.gov/hipaa/for-professionals/faq/488/does-hipaa-permit-a-doctor-to-discuss-a-patients-health-status-with-the-patients-family-and-friends/index.html>.*

- VI. REFERENCES:** U.S. Dept. of Health and Human Services Website – HIPAA Frequent Questions
- VII. COLLABORATED WITH:** Medical Staff, Social Work Supervisor, Director of Health Information.
- VIII. RESCISSIONS:** PH-03, *Informing/Communicating Changes in Patient's Condition*, dated August 1, 2012; PH-03, *Informing/Communicating Changes in Patient's Condition* dated July 13, 2009; PH-03, *Informing/Communicating Changes in Patient's Condition* dated August 28, 2006; PH-03, *Informing/Communicating Changes in Patient's Condition* dated December 18, 2002; PH-03, *Informing/Communicating Changes in*

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*Patient's Condition* dated February 14, 2000 and HOPP 96-ADM-R,  
*Informing/Communicating Changes in Patient's Condition*, dated September 1996.

- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.
- XII. ATTACHMENTS:** None.

Signatures:

Jay Pottenger  
Hospital Administrator

Thomas Gray, MD  
Medical Director