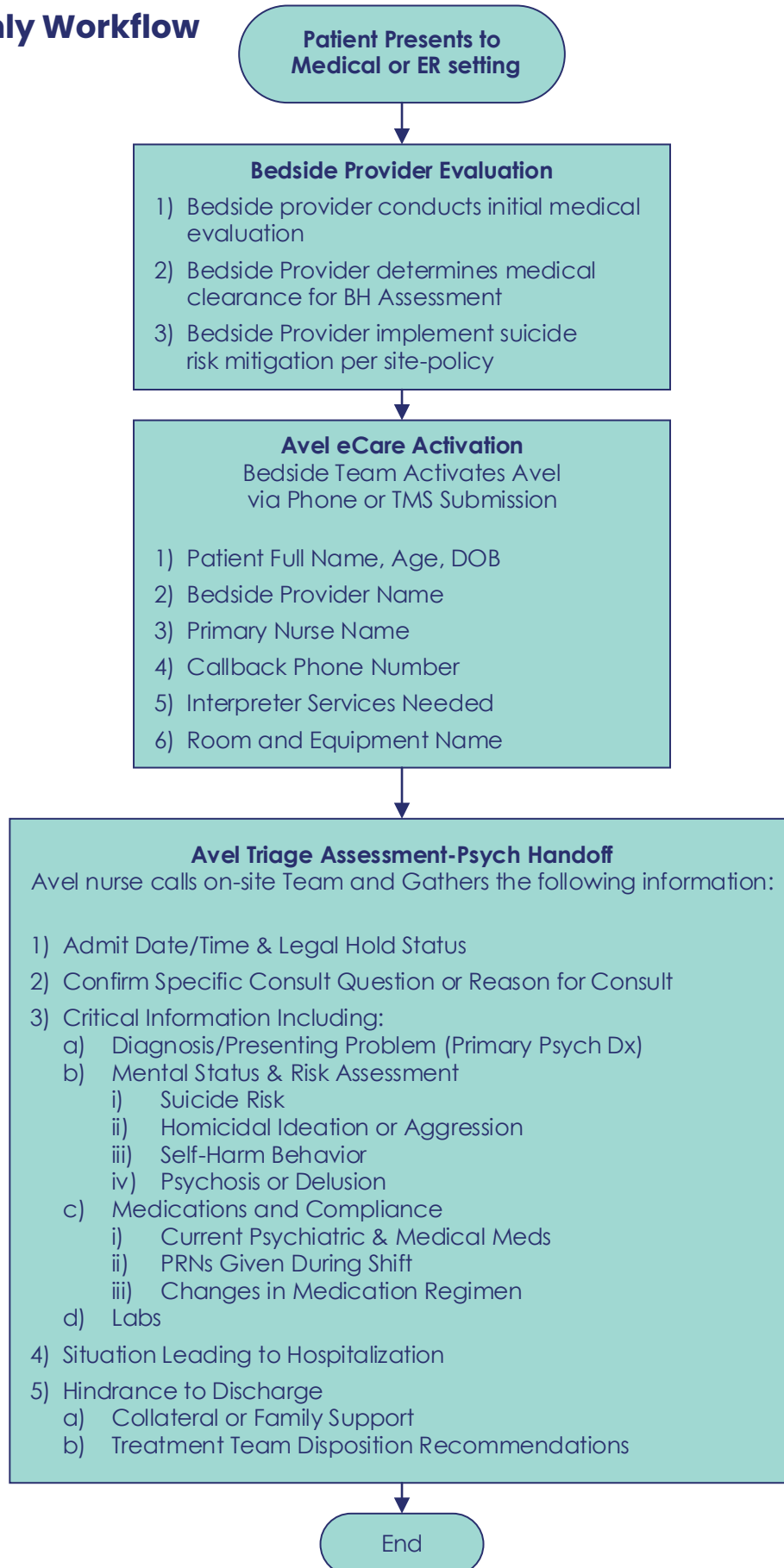


BH Triage Only Workflow



Q&A: Understanding the Why Behind the Workflow

Q: Why is the handoff important before the behavioral health consult begins?

A: The handoff ensures that the behavioral health team receives essential context about the patient's presentation, risk factors, and current status. This improves the quality and efficiency of the consult. Data has shown that sites feel more heard and supported when they can share this information directly.

Q: What if the bedside staff doesn't have all the information?

A: That's okay! Staff are not expected to have everything memorized. The Avel eCare nurse will gather whatever information is available and fill in any gaps during the triage assessment. The goal is to start the conversation, not to have a perfect report.

Q: Does this process delay care?

A: No. The handoff is designed to be brief and focused, helping the behavioral health team hit the ground running. It streamlines care by reducing back-and-forth communication and ensuring the right information is shared up front.

Q: Is this workflow flexible for different sites or situations?

A: Yes. While the core steps are consistent, each site can adapt the workflow to fit their specific policies and resources. The PSYCH mnemonic provides a structured but adaptable framework for communication.

Q: Why doesn't the Avel nurse just review the EMR for the information?

A: While the EMR is a valuable tool, it doesn't always capture the full picture — especially in real time. There may be critical context, observations, or concerns that haven't yet been documented or are better explained verbally. The goal of the handoff is to hear directly from the bedside team about the reason for the consult and any immediate concerns. This ensures that nothing is missed and that the behavioral health team can respond with the most accurate and timely support.

Q: Will the Avel nurse talk to the patient or collateral contacts?

A: At this time, the Avel nurse will not complete a video assessment. Their role is to gather essential information from the bedside team to support the provider. If needed, and if it's in the best interest of the patient, the Avel nurse may contact a collateral source (such as a family member or caregiver) to gather additional information that will help the provider make informed decisions. This ensures that the consult is based on the most complete and accurate picture possible.