



# INTERACTIONS

Employee

I understand that referrals submitted through this form are reviewed during normal business hours (Monday-Friday, 8:00AM - 4:30PM) and are not monitored after business hours, during weekends, or during official holidays. The referral form is not for emergency response situations. Please refer your staff to the Emergency Department if there is an immediate risk of harm to self or others prior to submitting this form.

**Activation:**    New    Follow-up

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Event Type:**

- Unanticipated Patient Outcome       Adverse Event       COVID-19 Related
- Workplace Violence       Death of Coworker       Other: \_\_\_\_\_

**Professional Type:**

- Physician       Physician Assistant       CRNA       Nurse Practitioner       RN/LPN       CTA
- Respiratory Therapist       Physical/Occupational Therapist
- Paramedic/EMT       Pharmacist       Pharmacy Tech       Radiology Tech
- Social Worker       Case Manager       Child Life       Other: \_\_\_\_\_

**Risk Factors:**

- Pediatric case (21 years and younger)
- Young adult patient
- Patient known to staff members
- Community high profile
- Patient that reminds staff of their family
- Long-term patient
- Palliative care / Hospice
- Staff member's first patient death
- Multiple patients with bad outcomes
- Organ donation
- Victim of violence
- Other: \_\_\_\_\_

**Referrals/Need:**

- Not Needed
- Chaplain
- Peer
- Employee Assistance Program (EAP)
- Occupational Health
- Other \_\_\_\_\_
- Risk Management/Patient Safety Team
- Grief Support
- Grief/Bereavement Mailings
- Public Safety