



Policy Number:	97-09
Policy Name:	Urgent Care Messages
Authority:	Divisional
Original Policy Date:	August 4, 1997 Effective Date: 08/04/97
Policy Last Revised:	02/27/26
Supersedes:	N/A
Attachments:	N/A

PURPOSE

To ensure that urgent care messages provide accurate, useful, and timely information to assist in the provision of consistent, individualized care for mental health clients; to provide standards for the creation, update, and removal of urgent care messages.

BACKGROUND

Urgent Care messages are notifications placed in Avatar that will be seen by any user opening the client’s chart in Avatar, including PES and 3AB. It is a statement of special problems, concerns, and instructions about a client. For example, urgent care messages may provide information about violent behavior, use of weapons, substance abuse, drug seeking behaviors, co insurance, hospitalization issues, and other factors which might impact clinical decisions, particularly those by an officer of the day, emergency, or crisis staff who have limited knowledge about the client.

DEFINITIONS

Clinical Care Coordinator: This is the primary clinician/therapist/prescriber on the client’s care team who directs the client’s clinical care. The clinical care coordinator must be a licensed / registered / waived LPHA.

POLICY

I. Roles and Responsibilities related to Urgent Care Messages

A. Clients Treated Within County Provided or Contracted Clinical Settings

Unit Chiefs and clinical directors of contract agencies in coordination, as appropriate, with clinical care coordinators, are responsible for the existence, accuracy, update, and removal of urgent care messages concerning these clients. The function of data entry and management of



the message directory may be delegated by the supervisor to other staff. Any clinical staff member may suggest that an entry be created, altered, or deleted.

B. Clients Not Currently Open to a County Provided or Contracted Clinical Team

SMMC Psychiatric Emergency Services (PES) and 3AB staff are expected to work directly with the BHRS staff, including Access Call Center and BHRS Adult/Youth treatment teams, to create and manage urgent care messages for these clients.

II. Content of Urgent Care Messages

- A. Urgent Care Messages may include information from several sources or about several aspects of care.
- B. All entries specifying dosages and frequencies of medications must be entered or reviewed by a nurse or psychiatrist; teams electing to communicate medication-related information to PES or other crisis resources are absolutely responsible for the accuracy of that information.
- C. All urgent care messages shall contain written identification of the author by use of name or initials following the narrative message.

III. Review of Urgent Care Messages

- A. Messages shall be reviewed at least every six months by the responsible unit chief, program supervisor, or clinical care coordinator for accuracy of content.
- B. When there is no need to continue an urgent care message, it shall be deleted.
- C. If there is a continuing need for an urgent care message, and even if all information remains accurate, the message shall be re-dated (which in effect creates a new message) and the previous message deleted. (Note: any change to the prior message creates a new, redated message, but does not delete it.)

PROCEDURE/PROTOCOL

To set the Urgent Care Plan, complete the Urgent Care Plan Bundle in Avatar which includes selecting the appropriate Client Alert Type. There are four client alert types to choose from:

- **Injection** - used to alert BHRS of medication issues. Onscreen Message says “PES - Long Term Injectable Medication Alert-See Urgent Care Plan.”
- **Medication** – used to alert BHRS of medication issues. Onscreen Message says “Medication Urgent Care Plan on File.”
- **Care Message** – used for routine alerts. Onscreen Message says “Please review the Urgent Care Plan for information.”
- **Care Alert** – used for urgent messages and safety notices. Onscreen Message says “HIGH PRIORITY - Please review the Urgent Care Plan in Chart Review.” View as soon as possible; Do not let the client see this information.



SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
02/27/26	Amend	Policy: Updated due to outdated policy language that included references to Avatar features and process that are no longer applicable.