

# Conserved Patient Process

1 IDENTIFY PATIENT

2 FROM WHERE?

3 ARE THEY CONSERVED?

Yes

No

4 BY WHOM?

Follow hospital protocol

Contact conservator: request Letters & Orders

5 DETERMINE DISABILITIES & AUTHORITIES

Secure MD orders/consent forms for prescribed treatment

Provide MD orders/consent forms to consenting party indicated on Letters & Orders: secure consent

Treat patient per MD orders & signed consents (all MD ordered interventions need consent from appropriate party)

Notify conservator of treatment outcome

DISCHARGE PLAN

Consult with MD & treatment team on appropriate level of care & treatment plan

Consult with conservator: get verbal consent on plan

Research & confirm placement options (with interagency collaboration as needed)

Confirm placement with conservator & secure verbal consent: provide contact information for placement

Transport patient using most appropriate & available means (i.e., ambulance, case manager, conservator, et al.)

Conservator will work with facility to sign admission & treatment consents

# Conserved Patient Investigation Process

### 1 IDENTIFY PATIENT

Confirm the patient's identity with the party who brought in the patient (i.e., ambulance, law enforcement, friends, family, care provider, et al.). Search their wallet/purse, clothing, personal effects (e.g., backpacks, etc.).

Consult with your peers. It is not uncommon for hospital staff to be very familiar with some patients due to a history of multiple admits.

### 2 FROM WHERE?

Where did the patient come from? (i.e., homelessness, independent living, board and care, mental health residential center, chronic psychiatric facility, acute-psychiatric facility, etc.)

### 3 ARE THEY CONSERVED?

Consult with collateral contacts who may have transported (i.e., ambulance, care provider, friend, et al.) or been accompanying the patient. The setting in which the patient lives may be a clue as to their conservatorship status (i.e., a person must be conserved to be placed in a chronic psychiatric facility). If they came in on a 5150 hold, information needed to remediate the crisis is allowed to be shared under HIPAA, so a crisis worker or psychiatric facility staff making the referral for medical clearance may know the person's conservatorship status and could legally share that during a crisis. There may be an indication of conservatorship status in the contents of the patient's wallet, purse, or personal effects, like a business card from the conservator or representative payee. A payee is not a guarantee of conservatorship status, though they would likely know if the person is conserved and who the conservator is. Prior admit hospital records at your facility may indicate a conservatorship and contact person. A county or private mental health provider may not be willing or able to provide you information during a cold call, but may be able to direct you to someone who can help (e.g., the person answering the phone may not have the authority to disclose HIPAA protected information, but the conservator they refer you to almost certainly can).

### 4 BY WHOM?

The conservatorship is typically held by either a private party (i.e., family, private conservator, et al.) or the county public guardian/conservator from the patient's county of residence. However, placement location is not a good indicator of conservatorship location (e.g., a Placer County conservatee may be placed in a facility in Sacramento County, but the person is still a Placer County conservatee). The collateral contacts or other methods used in No. 3 above will get you to the identification of the conservator if there is one. Once you identify the conservator, contact them, and request the "letters and orders of conservatorship (L & Os)" provided by the court that outline what rights the conservatee retained and/or what rights were transferred to the conservator.

### 5 DETERMINE DISABILITIES & AUTHORITIES

It is usually a good idea to have your legal team give the L & Os a quick read and provide you with their interpretation of who has the authority to consent for what kinds of treatment or interventions. For instance, the term "health care" typically refers to physical health care, not "mental health care." A family conservator may not be clear on the limitations of their authority, and you may unwittingly provide a treatment intervention authorized by someone who did not have authority to do so. In the face of conflicting information (e.g., L & Os say one thing, family conservator says another), follow the advice of your legal team.