

 Halton Healthcare <small>GEORGETOWN • MILTON • OAKVILLE</small>	Clinical Care Communication and Escalation Policy and Procedure		
	Program/Dept.:	Medical Affairs Professional Practice	Document Category: Clinical Care
	Developed by:	Medical Affairs Professional Practice Switchboard	Original Approval Date: June 2017
	Approved by:	Quality Council Medical Advisory Committee	Reviewed Date:
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1.0 Purpose:

- 1.0 To outline the appropriate channels of communication for routine, urgent and STAT patient care issues.
- 1.1 To identify the process to be followed to escalate a patient care issue:
 - a. that warrants urgent medical attention and credentialed staff does not respond or is not available in the response time as outlined in the policy
or
 - b. if there are urgent and/or unresolved concerns about the plan of care

2.0 Scope:

All employees and credentialed staff providing patient care.

3.0 Policy:

- 3.1 Expectation for response times are as follows:
 - a. Response time of **within 60 minutes** to a **routine** call or page;
Routine defined as a basic care need such as bedtime sedation, re-orders, antiemetic
 - b. Response time of **10 minutes** to an **urgent** call or page and a response of **30-minutes** for credentialed staff presence or as otherwise agreed upon
Urgent defined as an acute change in patient status
 - c. Immediate Response time to a **STAT** call or page.
STAT defined as a sudden deterioration in patient status outside of the criteria for a Code Blue, Code Pink or Critical Care Outreach Team (CCOT).
- 3.2 It is the responsibility of the on-call credentialed staff member to inform switchboard of any last-minute changes.
- 3.3 The care team will endeavor to ensure that all routine care needs are addressed during daytime hours, and preferably during interdisciplinary rounds. For routine care needs not addressed during rounds or daytime hours, effort will be made to defer routine issues to the following day to the Most Responsible Physician (MRP) and/or to cluster calls from a clinical unit to the on-call credentialed staff member.
- 3.4 Escalation of clinical issues does not require permission from a physician or on-call delegate or other administrative leader. However, in the event of an escalation the charge nurse and leader on-call are to be notified as soon as reasonably able.

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4.0 Procedure

- 4.1 The calling method for **routine** care issues is through switchboard by dialing “0”. Switchboard calls the credentialed staff with the requesting care team member’s direct call-back number as provided (e.g. Spectralink extension). It is the responsibility of the care team, where the call originated, to monitor response times. Switchboard does not monitor response times.
- 4.2 The calling method for urgent or STAT care issues is through switchboard by dialing “4444” and clearly stating “Urgent Call” or “STAT Call”. This number is only to be used for urgent & STAT calls. Switchboard calls the credentialed staff member with the requesting care team member’s direct call-back number, and using 811 for urgent or 911 for STAT if contacting via pager and not by phone.
- 4.3 If the patient condition deteriorates while waiting for a response, a new call should be made with the appropriate level of urgency.
- 4.4 If there is no response to the **urgent** or **STAT** call within the prescribed response times, the requesting care team member will contact switchboard who will make one additional attempt to call the credentialed staff. In observance with the “quiet hospital” commitment at Halton Healthcare, switchboard will confirm if an overhead page is required for a “STAT Call” and if so will then transfer the call to security.

Switchboard will confirm with care team member that escalation is required if the credentialed staff member does not respond to the additional attempt.

Switchboard then escalates calling in the following sequence communicating that the credentialed staff called has not responded within the prescribed response times and the next leader is the delegate now responsible.

Georgetown and Milton:

1. Medical Director if applicable
2. Department Chief
3. Associate Chief of Staff
4. Corporate Chief of Staff

Oakville:

1. Medical Director if applicable
2. Department Chief
3. Corporate Chief of Staff

- 4.5 The care team member is responsible to provide a relevant clinical patient assessment, using the SBAR format (situation, background, assessment, recommendations) when contacting the credentialed staff or on-call delegate for the purposes of clinical decision making.
This includes:
 - a. understanding of the patient’s presentation and reason for admission.
 - b. appropriate physiological findings such as vital signs, Early Warning Signs (EWS) score if applicable, laboratory results, clinical status, and plan of care.
- 4.6 If, in the professional judgement of the care team member, the credentialed staff or on-call delegate needs to assess the patient in person, the care team member will clearly request for the credentialed staff or on-call delegate to physically come to the patient’s room. If there is disagreement with respect to the need for in-person attendance or other aspects of the plan of

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care, all efforts should be made between the credentialed staff and the care team member to resolve this respectfully.

If disagreement persists the care team member may notify the charge nurse, Patient Care Manager, Leader on-call or Department Chief in an attempt to find resolution with the credentialed staff. Disagreements must not delay patient care.

4.7 Calls will be documented in accordance with professional college standards and Halton Healthcare policies.

5.0 Definitions:

5.1 Care Team Member: Nurse or Allied Health Professional.

5.2 Credentialed Staff: Physicians, dentists, midwives or extended class nursing staff who are appointed by the Halton Healthcare Board of Directors and who are granted specific privileges to practice medicine, dentistry, midwifery or extended class nursing, respectively, in one or more Halton Healthcare hospital sites.

5.3 Escalation: In the event when there is no response from calling the credentialed staff in the prescribed response times and patient care needs continue to require attention.

5.4 MRP: Most responsible physician or midwife. When the MRP is off-duty, responsibilities are transferred to the on-call delegate.

5.5 On-call Delegate: the credentialed staff available for urgent medical consultation by telephone and, when jointly determined to be medically necessary by the On-Call and the on-duty care team member, to personally examine and treat the patient.

5.6 Routine Call: to address basic patient care needs such as bedtime sedation, re-orders, antiemetic.

5.7 STAT Call: to address a critical deterioration in patient status or a sudden care need that is outside of the criteria for a Code Blue, Code Pink, or Critical Care Outreach Team call. STAT calls are identifiable by the suffix 911 if contacting via pager.

5.8 Urgent Call: to address an acute change in patient status and requires a ten (10) minute telephone response and a thirty (30) minutes physical presence or as otherwise agreed upon by the caller and the on-call physician. Urgent pages are identifiable by the suffix 811 if contacting via pager.

6.0 Related Documents:

Professional Staff Rules and Regulations
Critical Care Outreach Team Policy and Procedure

7.0 References:

HIROC. (2020). Risk Reference Sheet: Medical: Failure to Appreciate Status Changes/Deteriorating Patient Condition.
HIROC. (2022). Care – Communication/Coordination. <https://www.hiroc.com/resources/risk-profiles/care-communicationcoordination>

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8.0 Key Words:

Communication, escalation, stat call, urgent call, routine call, CCOT, response time

9.0 Reviewed by/Consultation with:

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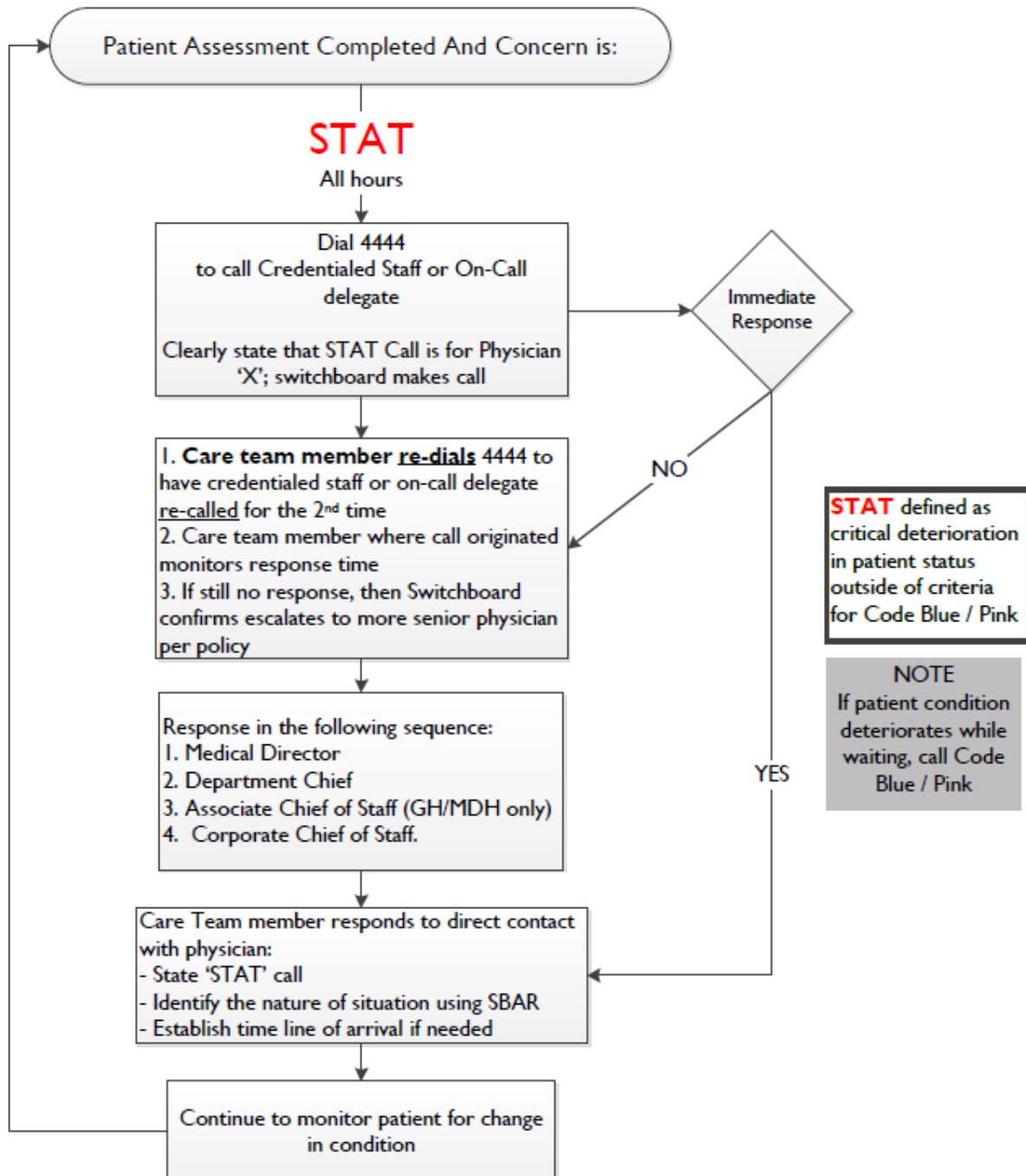
10.0 Appendices:

A-1 Management of Clinical Care Situations When STAT Physician Response is required

A-2 Management of Clinical Care Situations When URGENT Physician Response is required

Appendix A-I

Management of Adult/Paediatric Clinical Care Situations When **STAT** Physician Response is required



Appendix A-2

Management of Adult/Paediatric Clinical Care Situations When **URGENT** Physician Response is required

