



Policy Name: <b>PROCESS FOR CONTACTING PHYSICIANS</b>	Policy Number: <b>0124</b>
Approved By: Executive Team	Effective Date: <b>OCTOBER 20, 2010</b>
Reason for Revision: <i>Click on item below and select item from list.</i>  <b>CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</b>  New format being used	Date Revised: <b>March 19, 2019</b>
Section: Section 01 - Delivery of Care to Residents and Families	Next Date for Review: <b>March 19, 2022</b>
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## Policy

The Salvation Army Agapé Hospice is a leader in providing innovative, quality and comprehensive end of life care. The prevention of physical and emotional suffering is given high priority. Open lines of communication are essential in maintaining this high standard of care. When contacting a physician regarding Resident’s care needs, concerns should be categorized into three (3) areas:

### **Routine calls**

to notify can often wait for the next routine visit by the physician. Information transfer to “just notify” or “FYI” are situations where a phone call may not be required. The information can likely wait until the attending’s subsequent visit. This information or concern can be communicated via the physician communication board maintained at the nursing station. However, the nurse or staff member should use best judgement, and if there is any doubt in the provider’s mind, they should err on the side of caution and initiate a phone call. This keeps in focus the best interests of the resident and family.

### **Urgent calls**

These are Phone calls requiring same day discussions. When leaving messages or voicemail or sending electronic text messages, Staff should indicate to the physician how urgently they require a call back; e.g. “please call back asap” or “call back before the end of my shift” etc.

### **Emergent calls**

are a priority and a risk to the Resident’s wellbeing. They require direct conversation with the physician. Attempts should be made to contact the physician using all available contact numbers.

## **CROSS REFERENCES**

The Salvation Army Agape Hospice Policy 0916 – Incident Management



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## Procedure

1. Before calling the physician determine if the call is **routine, urgent, or emergent.**
2. Contact the physician using their recommended telephone number, stating the category of the request as routine, urgent or emergent.
  - **Urgent Calls** If you do not get a return call within the specified time, place a second call to the physician, this time considering the call as emergent.
  - **Emergent Calls** If you are unable to speak directly with the attending physician, during weekdays contact the Medical Director or the Palliative Care Consultant on-call if the Medical Director is unavailable or unresponsive. On weekends, contact:
    - On-Call physician **1<sup>st</sup>**
    - If unavailable, then the Medical Director **2<sup>nd</sup>**
    - If unavailable, then the On-Call Palliative Consultant **3<sup>rd</sup>**
    - If none of the above are available, staff may call the Zone Palliative Medical Director
3. Use of the SBAR (Situation Background Assessment Recommendation) or similar structure will help ensure all pertinent information is relayed to the physician.
4. Complete an incident report if the Palliative Care Consultant was contacted because you were unable to contact the attending physician. The incident report should include:
  - attempts made to contact a physician, including who was called and the numbers used.
  - clinical situation of the resident.

The incident report will be reviewed by the Medical Director and at the **Leadership Team meetings.**
5. When there is difficulty contacting a physician, complete an Incident Report and forward it to Nursing Lead. The Medical Director and Educator (when appropriate) will be made aware of these reports.

All reports should include:

- Physicians who were attempted to be contacted;
- Numbers used to contact the physicians;
- Dates and times of attempts made;
- Clinical situation of the resident