	POLICY: Escalation for Patient Care Concerns
Facility: Inova-wide **Applies To:** Clinical Staff **Policy Manual:** Clinical	**Key Words:** Escalate, no response, no answer, disagree, call back, chain of command, change in status, change in patient status, change in patient's clinical status, notification of results, patient orders, patient status, chain of communication
Original Policy Date: October 2014	**Revised Date(s):** November 2014
Approved by: Maureen Swick, CNE	Loring Flint, CMO

I. Purpose

To delineate the process for reporting concerns related to patient care in the appropriate manner.

II. Policy

A. Patient Orders / Patient Status Concerns

1. Patient care providers shall expeditiously communicate acute changes in their patient's condition to the appropriate senior/more advanced care provider who has the responsibility, accountability, and authority to take action(s) necessary to ensure the patient received immediate and appropriate intervention and care.
2. Patient care providers includes nurses, interns, residents, fellows, nurse practitioners, physician assistants, and nursing/medical students.
3. A patient care provider who has a concern about a patient's order or a patient's status will use SBAR (**S**ituation, **B**ackground, **A**ssessment, **R**ecommendations) to communicate the concern.
4. A care provider with a concern about a patient's order or status may withhold implementation until clarification is obtained.
5. Patient care providers will follow the chain of command outlined in section V – Procedure.

B. Patient Care Concerns

1. A staff member who has a concern or dispute regarding patient care shall first attempt to resolve the concern with applicable individual(s). Concerns may include, but are not

limited to, a gap in communication, lack of response from a care provider, and medical, legal, or ethical issues.

2. A concern that cannot be resolved by the staff member shall be communicated to the shift/unit supervisor.
3. If the staff member does not feel the resolution is satisfactory, the staff member shall continue to escalate the matter until the concern has been addressed to satisfaction.

C. Documentation

Only interventions relevant to the patient's medical care shall be documented in the electronic health record (EHR).

III. Applies to

Clinical staff

IV. Expected Outcomes

Issues or concerns regarding patients will be communicated and acted upon appropriately.

V. Procedure

A. General Information

1. For stable patients or their significant others who have concerns, questions and/or issues that need to be addressed in a timely manner, the appropriate health care provider (e.g. intern, hospitalist, resident, fellow, physician assistant, nurse practitioner) should be contacted.
2. The attending physician should be notified if resolution is not achieved.

B. Nursing Staff

1. The nursing chain of communication is as follows: charge nurse, nursing leader, administrative supervisor or senior director, administrator on call.
2. Nurses shall notify the designated initial contact for the patient in the following instances:
   a. Adverse changes in clinical condition or status.
   b. When the patient/significant other has concerns, questions and/or issues that need physician involvement that may impede care or treatment.
   c. The nurse shall also notify the charge nurse.
3. If the nurse fails to receive a response or appropriate intervention from the initial contact person, he or she shall immediately notify the next person in the chain of communication, as well as the charge nurse.
4. The nurse shall continue to follow the chain of communication until resolution. If the patient needs immediate intervention, the Rapid Response team will be called. If the patient is not stable, an MSET will be called.

C. Medical Staff

1. The medical chain of communication is as follows: health care provider (intern, hospitalist, resident, fellow, physician assistant or nurse practitioner), attending physician, medical director (if applicable), section chief and/or department chair, President of the Medical Staff.
2. Medical students, interns, residents, fellows, nurse practitioners and physician assistants shall notify his or her immediate supervisor (supervising resident or attending physician/consulting physician respectively) of significant, acute changes in the patient's condition.
3. Instances in which residents ***must*** discuss a patient with his or her immediate supervisor in a timely manner and notify the attending physician (regardless of the time of day), includes:
    a. Patient's condition is unstable AND warrants the ordering of STAT studies.
    b. Patient's condition is serious enough to warrant a phone call to an attending physician or senior resident.
    c. A nurse, other staff member, or parent/significant other expresses significant concern regarding a patient's condition, including two or more phone calls about the same patient.
    d. When there is substantial controversy regarding patient care.
    e. Patient requires increasing oxygen, nebulizer treatments, or other respiratory support.
    f. Patient has a lab or other study/test/procedure result that is unexplained or concerning.
    g. Patient demonstrates a significant untoward change in vital signs or patient condition.
    h. Patient demonstrates significant pain of unexplained etiology.
    i. Patient is agitated, uncooperative, or is otherwise obscuring the physical exam.
    j. Patient requires a transfusion of blood or blood product.
    k. Serious change in the patient's course occurs, including unexpected death.
    l. Change in the patient's condition requiring surgery.
    m. Change in the patient's condition and a transfer to higher level of care or to another service for the treatment of acute problems is necessary
4. Junior medical and surgical residents ***must*** be supervised by more senior residents in accordance with site-specific guidelines.
    a. Decisions regarding diagnostic tests and therapeutics may be initiated by residents, and will require attending physician review whenever a plan of care requires a significant change.
    b. The supervising resident must address these concerns by:
        i. Examining the patient.
        ii. Reviewing labs/tests/procedure results with the concerned resident.
        iii. Escalating the level of care to the next appropriate level, if necessary.
        iv. Documenting his or her involvement in the EHR.