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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS Community Health Nursing		
TITLE:		**SECTION:**	**POLICY NUMBER:**
Call Record and On-Call Physician Consultation Procedure		Communications	06-018-00
EFFECTIVE DATE:	**REVIEW DUE:**	**REPLACES NUMBER:**	**NUMBER OF PAGES:**
March 31, 2021	March 31, 2023		7
APPLIES TO:			
Nurses and Regional On-Call Physicians			

1. BACKGROUND:

Quality communication is essential in providing safe health care. The nurse serves as the link between the client and other members of the health care team through verbal and written consultation. The call record serves to a) standardize the documentation of telephone consultations between the nurse and on-call physician; and b) provide quality assurance of the telephone interaction.

2. POLICY:

2.1. Nurses are required to complete the *Community Call Record* found in Appendix A when consulting the on-call physician.

2.2. Nurses will consult the on-call physician and transmit the *Community Call Record* according to the procedure in 5.0.

2.3. Nurses must additionally document the physician consult according to the Documentation Standard Policy 06-008-00 and SOAP Documentation Guidelines 06-009-01.

2.4. The Community Call Record is a communication tool and does not replace the necessary documentation of the patient encounter as a SOAP note.

2.5. Community Call Records cannot be scanned into an EHR without authorization from Health IT.

3. PRINCIPLES:

3.1. Quality documentation is necessary for communication between clinicians, assists in quality improvements, is legal proof of the care provided, and serves to meet legislative requirements.

3.2. The nurse will document the interaction in the client's chart following Documentation Standard Policy 06-008-00 and Soap Documentation Guidelines 06-009-01.

3.3. Access to Information and Protection of Privacy (ATIPP) policies regarding the emailing of Personal Health Information (PHI) must be strictly followed when the *Community Call Record* is transmitted between Nurse and Physician.

3.4. The Department of Health promotes a professional and respectful workplace which supports collegial working relationships between nurses and physicians.

4. Definitions

4.1. Nurse: Nurse refers to Registered Nurse (RN), Licensed Practical Nurse (LPN), Registered Psychiatric Nurses (RPN), Mental Health Nurses (MHN), Mental Health Consultant (MSW), Home Care Nurse (HCN), Public Health Nurse (PHN) or Nurse Practitioner (NP).

4.2. Physician On-Call: Physician On-Call refers to the Physician assigned to on-call duties in the specific region during the time of consultation.

4.3. Non-Urgent: Non-Urgent refers to conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration.

4.4. Urgent: Urgent refers to conditions that could potentially progress to a serious problem requiring emergency interventions.

4.5. Emergent: Emergent refers to conditions that are a potential threat to life, limb or function requiring rapid medical interventions and the use of condition specific controlled medical acts.

4.6. Resuscitation: Resuscitation refers to conditions that are considered threats to life or limb and have imminent risk of deterioration requiring immediate aggressive interventions.

5. PROCEDURE

Kitikmeot & Kivalliq Regions

5.1. Pertinent medical information is entered into the fillable *Community Call Record* by the nurse.

5.2. The *Community Call Record* is emailed to the regional physician on-call, maintaining ATIPP protocols for PHI transmission as follows:

- 5.2.1. Non-urgent/Urgent – Email prior to contacting on-call physician by phone.
- 5.2.2. Emergent/Resuscitation – Phone on-call physician followed by email of *Call Record* as soon as clinical data had been collected, when reasonably possible, considering client needs and safety.

5.3. After the *Community Call Record* is received by Physician*:*

- 5.3.1. Non-urgent/Urgent - the *Community Call Record* will be triaged by the on-call physician who will contact the nurse for a telephone consult within 30 minutes of receipt.
- 5.3.2. Emergent/Resuscitation – the Physician should be contacted directly by phone to provide immediate consultation.

5.4. In emergent/resuscitation situations, the nurse is to call the regional physician on-call or community physician. If unable to reach the regional physician on-call or community physician, the nurse is to call Qikiqtani General Hospital (QGH) Emergency Department (ED) directly.

5.5. The on-call physician will give verbal orders to the nurse over the phone, the nurse will read back verbal order to confirm accuracy.

5.6. The *Community Call Record* is emailed back to the consulting nurse with clearly written orders and plan of care as soon as possible. This acts as a co-signature for verbal orders received.

5.7. If further consultation is required during the client interaction, the physician will update orders on the original *Community Call Record.*

5.8. For emergent/resuscitation situations, the on-call physician will connect regularly with the nurse via telephone at intervals which will vary based on the client's condition. The nurse will ensure any changes in condition are communicated to the on-call physician as soon as reasonably possible, this includes telephoning the physician to provide an update if the time since the last contact warrants it. For the sake of clarity, responsibility for communication lies with the nurse and the physician. If either considers that communication needs to be intensified, it is incumbent on the nurse or physician to initiate.

5.9. The nurse will document in the client's chart, at minimum:

- i. The date and time of consult
- ii. The date and time of response from physician
- iii. Orders received, and action taken

5.10.The call record will be placed in the consult section of the client's chart to become part of the clinical record.

NOTE: On-call physicians are arranged by Medical Affairs. Schedules and contact information are released monthly.

Qikiqtaaluk Region

5.11. Pertinent medical information is entered into the *Community Call Record* by the nurse.
5.12. For obstetrics clients ≥ 22 weeks, do not use the community call pager system. Refer to the *Obstetrics On-call System: Guidelines for CHNs* for guidance on how to access Obstetrics.
5.13.The nurse will consult the covering community physician or refer the client to the next community physician clinic for:
  5.13.1. Non-urgent clients who do not require an intervention in the next 48 hours
5.14. The *Community Call Record* is e-mailed to the community pager e-mail address (communitypager@gov.nu.ca) maintaining ATIPP protocols, and then page #174 to review the case with the physician on-call for:
  5.14.1. Emergent and Urgent clients
  5.14.2. Non-urgent clients when medical advice or intervention is required within 48 hours

The form can be faxed under special circumstances when e-mail is not available.

5.15.In resuscitation situations, the nurse is to call the QGH ED emergency line directly. The nurse will identify themselves as a CHN, indicate that they need immediate physician assistance. This is only to be done for:
  5.15.1. Resuscitation clients
  5.15.2. Emergent clients requiring immediate intervention outside the nurse's scope of practice

If there is difficulty getting through to the emergency line, call the ED through the hospital switchboard.

5.16.Call backs should be expected within 30 minutes of receipt of the *Community Call Record.* If the nurse does not hear back within 30 minutes:
  i. The nurse will page a second time
  ii. If no call back after the second page, the nurse will call the ED directly to speak with an ED nurse who will verify the physician received the page, and whether the physician is tied up with another emergent case
5.17. The physician will give verbal orders to the nurse over the phone, the nurse will read back verbal order to confirm accuracy.
5.18. The *Community Call Record* will be e-mailed back to the nurse as soon as possible with clearly written orders and plan of care. This acts as a co-signature for verbal orders received.
5.19. If further consultation is required during the client interaction, the physician will update the original orders on the *Community Call Record.*
5.20.For emergent/resuscitation situations, the on-call physician will connect regularly with the nurse via telephone at intervals which will vary based on the client's condition. The nurse will ensure any changes in condition are communicated to the on-call physician as soon as reasonably

possible, this includes telephoning the physician to provide an update if the time since the last contact warrants it. For the sake of clarity, responsibility for communication lies with the nurse

and the physician. If either considers that communication needs to be intensified, it is incumbent on the nurse or physician to initiate. The nurse will document in the client's chart, at a minimum:

i. The date and time of consult
ii. The date and time of physician consult
iii. Orders received, and action taken

5.21. The call record will be placed in the consult section of the client's chart to become part of the clinical record.

Kitikmeot, Kivalliq & Qikiqtaaluk Regions

5.22. If the consulting nurse has concerns with the physician's assessment and plan, it must be discussed with the physician at the time of the call. This will allow the nurse to advocate for the client, clarify any misunderstandings, and highlight client assessment findings that may have been overlooked or misunderstood. If, after the discussion, the nurse and physician cannot come to an agreement on a treatment plan, the nurse will contact the Supervisor of Community Health Programs (SCHP) or Director of Health Programs to discuss the concerns.

5.22.1. If the SHP or Director shares the concerns after discussing the case, they will contact the physician to discuss the case.

5.22.2. The Director may contact the Territorial Chief of Staff for cases which require further escalation.

6. Related Policies, Protocols and Legislation:

Policy 06-008-00	Documentation Standard
Guidelines 06-009-01	SOAP Documentation
ATIPP Policy	Emailing, Sending & Capturing Personal Health Information
Policy 05-035-00	Qikiqtaaluk Obstetrics On-Call Pager System Guidelines for CHNs
Appendix A:	Community Call Record

7. **REFERENCES:**

Implementation Guideline for the Canadian Emergency Department Triage & Acuity Scale found at http://ctas-phctas.ca/wp-content/uploads/2018/05/ctased16_98.pdf

Canadian Nurses Protective Society (2006). *Communication* found at https://cnps.ca/index.php?page=87

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