

Beaumont®

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Content Expert(s) Medical/Hospital Administration	Prior Issue Date 07/13/12	Issue Date 04/25/16	

PURPOSE

The purpose of this policy is to improve patient care/safety by providing healthcare workers with a notification procedure for patient care/safety issues that should be brought to the immediate attention of medical, hospital, or nursing administration.

The policy also provides direction to medical, hospital and nursing administrators responding to patient care/safety concerns in order to ensure a timely and appropriate response to these concerns and reduce the possibility of patient harm. To ensure this process is handled timely, a Quality and Safety Report (QSR) should be initiated when care is compromised or an error has occurred, refer to policy 218.

GENERAL INFORMATION

A member of the healthcare team, who through his/her judgment has noted significant physical and/or psychosocial changes in a patient's condition, including laboratory changes, must immediately report these changes to the responsible resident, house officer, attending physician/designee, or mid-level provider. **Anytime** during this process, the employee may involve his/her supervisor. An employee should **immediately** report the behavior of any staff member that the health care worker believes is retaliatory in nature.

Other patient care/safety situations that may require application of the following notification procedure include but are not limited to:

- Inability to reach the attending physician/designee within a reasonable amount of time based upon clinical condition, etc.
- Nurse/Patient/Family/Advocate questioning a physician's order.
- Nurse/Patient/Family/Advocate questioning medical treatment.
- Questioning exceptions to policy and procedure.
- Questioning care being given or ordered by another member of the healthcare team.
- Questioning situations that place patients or staff safety at risk.

NOTIFICATION PROCEDURE

Patient care/safety concerns must be immediately reported to the responsible resident, house officer or attending physician/designee, or mid-level provider, as deemed appropriate within a reasonable amount of time based upon clinical condition, etc. Urgent/emergent patient situations may be reported first to the Rapid Response Team (RRT) according to the established criteria. All patient safety issues should be reported on a Patient Safety and Quality Improvement form.

PATIENT CARE – CORPORATE POLICIES

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NOTIFICATION PROCEDURE (Cont'd)

If the concern is reported to the responsible resident, house officer, or mid-level provider, and he/she fails to respond within 30 minutes or resolve the concern to the satisfaction of the reporting individual within a reasonable time, the reporting individual must consult the senior resident on duty (Royal Oak) and then the attending physician/designee. If the attending physician/designee fails to respond within 30 minutes or timely resolve the concern, follow the Chain of Command below.

Chain of Command:

If the attending physician/designee fails to respond (within 30 minutes), cannot be contacted and/or fails to resolve the problem to the satisfaction of the reporting individual within a reasonable time, the following notification procedure should be followed:

- Notify the appropriate nursing leader/department manager/Administrative Supervisor (Nursing Supervisor/House Supervisor) immediately.
- The responsible nursing leader shall verify and validate the patient care/safety concern and contact his/her department director. The leader shall also document the patient care/safety concern on a Patient Safety and Quality Improvement Report.
- The responsible nursing leader and/or department director shall review the situation with the appropriate medical staff Chief of Service. If the Chief of Service is unable to be reached, the Medical Administrator-on call should be notified.

The responsible nursing leader and/or department director and the Chief of Service must meet (in person or via telephone contact) in a timely fashion, discuss the situation with the attending physician/designee and develop a plan of action appropriate to the care concern and based upon clinical condition, etc.

- The Medical Staff Director and/or appropriate Hospital Administrator (or Hospital Administrator on-call after hours) may be contacted at any time by the manager, department director or Chief of Service to assist in resolution of the patient care/safety concern.

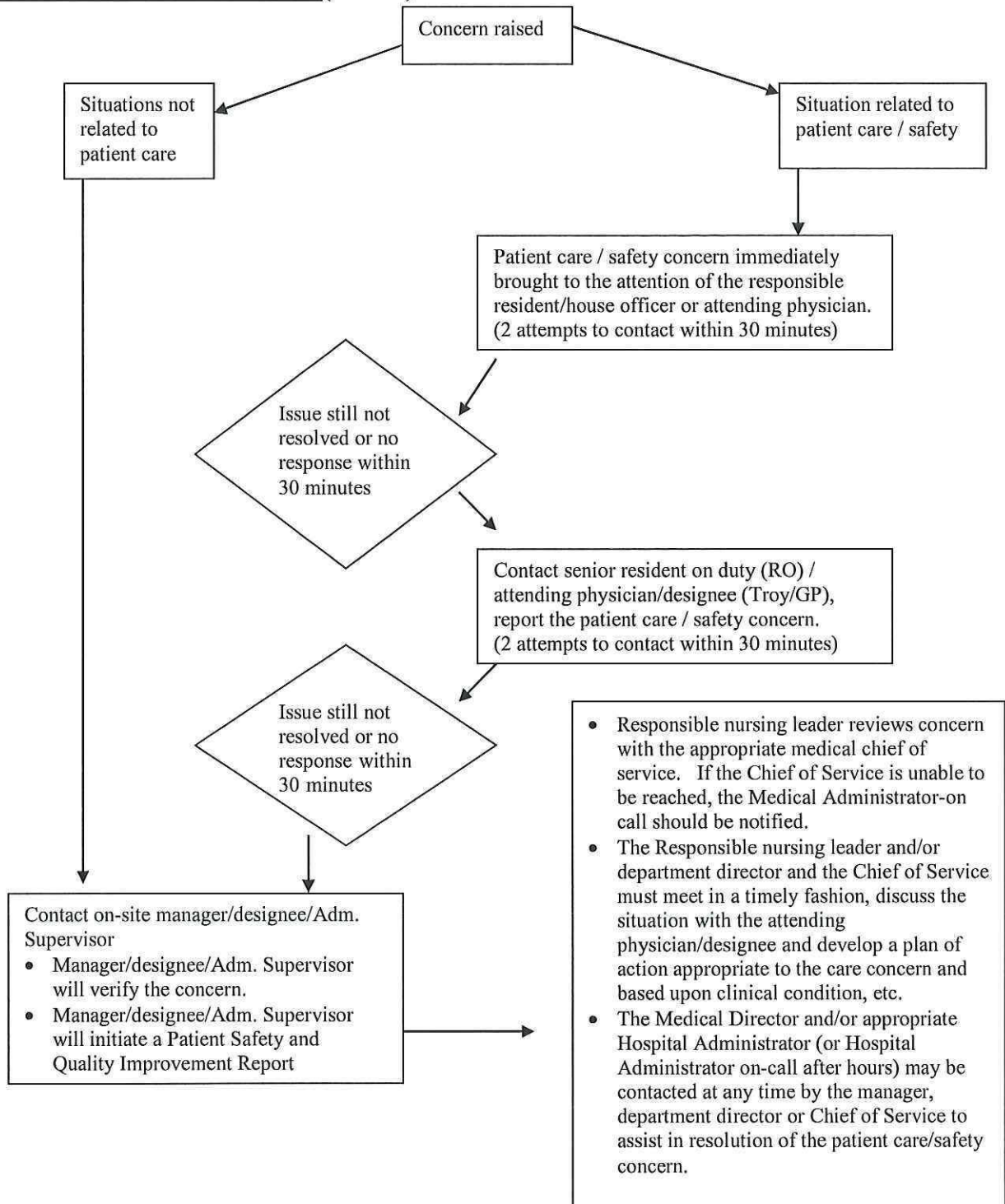
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NOTIFICATION PROCEDURE (Cont'd)

- All the above actions must be documented in a Quality Safety Report (QSR), indicating accurate times and names of persons contacted.
- If the concern involves a potential Sentinel Event, refer to Patient Care Corporate policy #219. The completed Patient Safety and Quality Improvement Report should be immediately sent to the appropriate Process Owner.

CROSS REFERENCE

Patient Safety and Quality Improvement Report Policy #218, Patient Care Corporate Manual
Sentinel Event #219, Patient Care – Corporate Manual

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