



Current Status: Active

PolicyStat ID: 6496641



Origination: 04/2017
Effective: 01/2020
Last Approved: 01/2020
Last Revised: 01/2020
Next Review: 01/2022
Owner: Michele Avery: Administrative Coordinator
Policy Area: Medical Staff
References:
Applicability: Sts. Joseph, Francis, Clare, Anthony, Elizabeth and Anne

Standards And Expectations for Medical Staff Communication

PURPOSE/EXPECTED OUTCOME

The delivery of quality healthcare requires clear and timely communication between every member of the care team. The method and timing of clinically related communication can vary depending on the clinical condition of the patient, the urgency of a therapeutic intervention, and the need to coordinate available patient care resources. This policy clarifies standards and expectations of medical staff member communication in any setting where healthcare is being delivered in the CHI Franciscan System. All communication will comply with the Medical Staff Code of Conduct Policy and with the privacy protections outlined in the Health Insurance Portability and Accountability Act (HIPAA). Expectations regarding Standards of Conduct, HIPAA, Secure Texting, and the Emergency Medical Treatment and Active Labor Act (EMTALA) are covered by separate policies.

POLICY STATEMENT

The expectations for excellent and effective communication are standards for all privileged care providers who work within the CHI Franciscan System.

General Communication and Professionalism Standards

- A. Treat all care team members with respect regardless of their clinical specialty or academic degree. Listen to people who have the most developed knowledge of the task at hand. Sometimes, those individuals might not have the most seniority, but they are still encouraged to voice their concerns, ideas and input — regardless of hierarchy.
- B. Demonstrate the highest levels of Integrity through sustained ethical and professional conduct.
- C. Be inclusive of all members of the care team when assessing and formulating patient treatment plans.
- D. Communicate clinical information in a clear, timely manner that validates accurate comprehension by the receiving individual.
- E. Respond to colleagues' requests promptly and respectfully.
- F. Provide and accept constructive feedback

Standards for Healthcare Delivery in the Emergency Department

- A. Direct verbal medical staff communication is expected:
1. To the admitting physician for patients requiring hospitalization
 2. To the consulting physician for patients who need an urgent consult
 3. To the proceduralist for patients requiring urgent procedural intervention
 4. To the admitting and/or consulting physician to discuss complications and unexpected outcomes, including any clinically significant change in condition since the last conversation
 5. To the Primary Care Provider (PCP) if it is expected that the communication will improve patient care
 6. To the surgeon for all patients within 30 days of an operation who present with symptoms related to the surgery
- B. Direct verbal medical staff communication is not expected:
1. For minor medical issues
 2. For routine consults
 - a. Some scheduled procedures, e.g. those performed in Interventional Radiology, require a call/direct communication even if routine

Standards for Inpatient Care Delivery

- A. Direct verbal medical staff communication is expected:
1. To the ED physician for patients referred for admission
 2. To the consulting physician for patients requiring an urgent consult
 3. To the physician or Advanced Practice Clinician (APC) requesting a consult
 4. To the proceduralist for patients requiring urgent procedural intervention
 5. To the admitting and/or consulting physician to discuss complications and unexpected outcomes including any clinically significant change in condition since the last conversation
 6. To the PCP if it is expected that the communication will improve patient care
 7. To any provider invested in the patient's care prior to discussing change of Code Status or withdrawal of care
- B. Direct verbal medical staff communication is not expected:
1. For minor medical issues
 2. For routine consults
 - a. Some scheduled procedures, e.g. those performed in Interventional Radiology, require a call/direct communication even if routine

Standards for Transfers

- A. General: Communication and professionalism standards shall apply when interacting with colleagues outside CHI Franciscan just as we respectfully communicate to others within our system.
- B. In Hospital: Direct verbal communication between members of the Medical Staff is expected:
1. Whenever the designation of attending practitioner is transferred
 2. When patients are transferred from or to a higher level of care and the care team changes.

C. Hospital to Hospital: Direct verbal medical staff communication is expected:

1. To address any request for patient transfer, whether into or out of CHI Franciscan.
2. When patients require a higher level of specialty care due to facility limitations it is the expectation that like specialists will communicate directly with each other. Relaying information through the transfer center nurses, including a refusal, is not acceptable.

SECURE MESSAGING STANDARD

Text messages containing electronic protected health information should not be sent from or sent to an unencrypted device. Where possible, CHI messaging should be initiated at the Electronic Health Record (EHR) system-of-record to maintain an audit trail, subject to discovery, including responses. The primary business purpose for using device to device messaging should be to alert/notify the recipient (usually providers) for a call back. The intended use is not to provide triage of a patient or for continuing conversations and discussions analogous to an email thread.

See CHI Privacy Standard No. 1, Secure Messaging of Electronic Protected Health Information (ePHI)

CREDENTIALLED PROVIDER ACCOUNTABILITY

- A. It is the responsibility of every credentialed provider to provide a means of direct, immediate contact at the time of initial medical staff appointment and re-appointment, and whenever email addresses or telephone numbers change. Alternative means of communication can be prioritized and listed in a Provider Rolodex maintained and published by the Medical Staff Office.
- B. When communication expectations are not met, the concern will initially be communicated to the individual by their respective Section Chief, Medical Director, or Chief Medical Officer. Subsequent occurrences will be escalated within the Medical Staff for review and recommendation by the appropriate Medical Staff committee.

CONSULTATION ETIQUETTE

Please refer to the Medical Staff Consultation Policy.

ADMINISTRATIVE ACCOUNTABILITY

CHI Franciscan will provide resources to the credentialed providers to facilitate the communication outlined in this document.

Specifically, CHI Franciscan will maintain:

- A. A provider database accessible by internet to provide contact information and current call responsibilities
- B. A secure texting platform within the EMR
- C. A secure email system utilizing “#secure#” in the subject line
- D. Secure access to multimedia communication tools (video, phone, in-person) to facilitate conversation with non-English fluent patients and families
- E. A recorded phone line within the transfer center to facilitate multiple party telephone conversations.

REFERENCES

- Standard of Conduct
- All applicable HIPAA policies
- Medical Staff Consultation Policy
- Secure Messaging of Electronic Protected Health Information (ePHI)

REQUIRED REVIEW

Annual; CHI Franciscan Medical Executive Committee; Harrison Medical Executive Committee; Highline Medical Executive Committee

Attachments

No Attachments

Approval Signatures

Approver	Date
Michele Avery: Administrative Coordinator	01/2020
Kim Nighswonger: Executive Assistant, Medical Staff Development	01/2020
Michele Avery: Administrative Coordinator	12/2019

Applicability

St. Anne Hospital, St. Anthony Hospital, St. Clare Hospital, St. Elizabeth Hospital, St. Francis Hospital, St. Joseph Medical Center