Good Call Action Series – Module 4: Progress through Process

There are many opportunities for improvement within the Call Process. These example Change Ideas and Tools were generated locally to help you develop your own ideas to test. Numbers 1-10 below correspond with the part of the call process indicated by numbered stars on the "Process Map for a Basic Call". Check out these ideas for inspiration and see if you want to adapt any to test in your area. Remember to stay within your team's Sphere of Control.

1. **Triage**
    - **Develop an appropriate, group specific, triage tool to define what is Emergent (immediate), Urgent (quickly but not immediate), and Routine. Examples:**
        i. **Definitions of Emergency, Urgent, Non-Emergent and Non-Urgent Care - Royal College of Dental Surgeons of Ontario**

        ii. **CDH Critical Care Outreach Team (CCOT) Calling Criteria – CDH specific example of when to consider calling the CCOT team for an acute change in patient status**

    - **Get a second opinion before calling (e.g. ask the CNL/CNE or talk to a colleague)**

2. **Call Now**
    - **Use a process to check if anyone else has issues/needs the same MRP before you call (e.g. ask the NUA if any other patients on your ward have the same MRP as your patient, then check with the other MRNs so they can communicate any issues during the same call)**

    - **Create a Unit Specific Call Checklist (what to do before a call is made)**

3. **Cluster Calls**
    - **Create a process to cluster/defer calls (e.g. "Virtual Rounds" were created in the NICU – the Neonatologist calls the ward 9:00-9:30pm every day, everyone working in the NICU knows to expect the call and that any routine labs/questions/clarifications can wait until then)**

4. **Who to Call**
    - **Use the Physician On-Call Schedule**

    - **Process for physicians to deal with On-Call Scheduling System inaccuracies or changes (each On-Call group has individuals designated as Group Administrators. These individuals have access to the On-Call Scheduling System and can make changes to the schedule):**
        i. **Find out who the Group Administrator is/are for your group**

        ii. **Develop a process to ensure a Group Administrator is made aware of schedule changes and have updated the On-Call Scheduling System**

    - **Inform switchboard of last minute changes and ask for a physician change or note to be added (Switchboard can only make changes within the group list already entered)**

    - **On-Call Schedule and Medical On-Call Availability Program (MOCAP) Information**

5. **How to Call**
    - **Agree on single approach for tool/process (phone, text, etc.)**
    - **Develop a process to ensure a cheat sheet or quick reference guide of the key out-of-hours providers are available to your key partners. Ensure there is a process to keep any printed materials up to date**

6. **Back-up Plan**
    - **Standardize an area specific process. Examples:**
        i. **CDH Clinical Escalation Process**
        ii. **CTU On-Call Process**
        iii. **WCGH Guideline for Internal Medicine**
    - **Create a sender or receiver back-up plan – some examples include:**
        i. **MRP is a surgeon and it is during office hours – nurse/NUA calls their office MOA to determine if they are in the OR and leaves a message for them to call back (surgeon checks with MOA between cases for messages or receives a text from them)**
        ii. **Patient is under the care of multiple physicians (e.g. Oncology and Respirology) – if unable to reach one, have a plan to call the next most appropriate attending physician**
        iii. **Physician drives through a cell-phone coverage dead-zone going between locations – include a note in your voicemail message and in the on-call schedule asking people to call back in 5-10 minutes**

7. **Gives Information**
    - **Create a document to clarify processes for everyone on the team. Example:**
        i. **Nursing Guide for Calling the Hospitalist or Hospitalist Resident Overnight (RJH/VGH)**

8. **Common Understanding**
    - **SBAR Communication tool (Module 3)**
        i. **SBAR Procedure Island Health**
        ii. **SBAR Communication Tool Island Health**

9. **Look for Clarity/Consensus**
    - **Closed Loop Communication (Module 3)**
        i. **Using the CUS Critical Language Tool to Improve Patient Safety (Patient Safety Institute)**
        ii. **Debriefing Tool - STOP: BC Hot Debriefing Guide (STOP)**

10. **Map Your Process**
    - Use this **Process Map – Example & Template** to dive deeper into your own process

Process Map for a Basic Call

Good Call ACTION SERIES

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Legend

- Yes
- No
- Decision Point
- Change Ideas/ Tools Available (in Module Package)

Receiver

Sender