

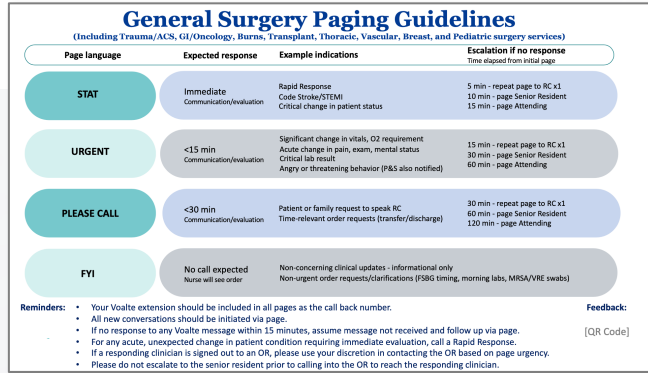
Development and Implementation of Paging and Escalation Guidelines to Improve Interprofessional Communication on Surgical Units

Conclusion

Implementation of Paging and Escalation Guidelines is a feasible, acceptable, resource-neutral approach to enhance communication by aligning expectations and streamlining responses to patient-care concerns.

Barriers to Effective Communication and Escalation

Discordant expectations	"Need for pain meds may not seem urgent to the [responding clinicians], but the longer it takes, the more the patient escalates and takes their frustrations out on the nurse." - Floor RN "Floor nurses should be clear between FYI and issues that need a response within a reasonable or immediate timeframe." - OR RN
Hesitation to escalate	"In our culture we have very little tolerance for asking for help from seniors." - PGY1 "I feel as if paging the attending is very nerve [lacking]... Sometimes I am unsure if my concerns are 'big' enough to reach out..." - Floor RN
RC workload	"It is difficult to promptly respond to pages when at the bedside caring for a patient/doing a procedure." - APP "Workload is often extremely high, trying to balance tasks and respond to most acute problems. Nurses hammer paging you can clog up your page feed." - PGY1
Process inefficiencies	"The main issue is not having a direct number to call back the nurse. I waste so much time on hold on the floor number to wait for the nurse to answer." - PGY1 "Difficult to identify correct person to be paged." - Floor RN
Attending reservations	"While I strongly feel that nurses should always be free to contact me directly with clinical concerns, I am concerned that this undermines the autonomy of our residents." - Attending "Need to set establish and maintain boundaries and cannot get exploited for wanting to do the right thing for patients." - Attending



Every page should be classified as STAT, Urgent, Please Call, or FYI. Each category has an associated expected response time and pathway for contacting alternative team members if no response is received.

Lessons Learned

- Understanding institutional context/culture → Input from many stakeholders
- Perceived hierarchy and interpersonal tension → Intervention re-establishes social norms
- Identify barriers, address as they become apparent → Development of paging directory guidebook
- Promote consistency, adherence → Minimize need for individual subjectivity, behavioral disruption
- Next steps → Iterate and integrate with other initiatives, promote uptake/sustainability, and scale up

Michael Kochis, MD EdM; Lynze Franko, MD; Kathleen Swierzewski, RN;
Alison Parmar, JD MBE; Suzanne Algeri, DNP RN MS; Rajshri Gartland, MD MPH



Significance

Discordant expectations between surgical floor nurses who send pages and clinicians who respond to them (RCs) are implicated in safety events.

We sought to streamline multidisciplinary communication by establishing guidelines regarding the urgency of pages, appropriate responses, and process for escalation if necessary.

Data Source and Results

- Multidisciplinary team of surgical faculty, nurses, and residents convened to iteratively develop guidelines.
- Piloted for three months on our two main general surgery units.
- Surveys and focus groups of surgical floor nurses, OR nurses, residents, advanced practice providers, and attendings assessed perceptions of communication at baseline and post-intervention.

