

Patient Safety Debrief

October 2023

Hot List and Clinical Escalation in Specialty Clinics

Patient's Story:

An adult patient's mother called the Neurology clinic to report multiple seizures and patient being unresponsive. The PAA attempted to reach our Triage RN through Teams but was not able to make contact, at which point the PAA informed the patient's mom that they would send a message to the RN and the RN would return her call as soon as possible. The Triage RN was not able to return mom's call until 40 minutes. Once contact was made, patient's mom was advised to call 911. Patient was later admitted.

What We Learned:

- 1) Need for Hotlist training and leadership support.
- 2) Currently, individuals answering a patients' phone call need to manually transfer the call to a triage RN or a provider. Implementing automatic roll over function in the absence of triage RN is going to be a great tool to help our front-line staff members.

Our Plan:

- 1) All neurology clinic staff members are participating in hotlist training (October)
- 2) "Hotlist tips" is a regular item that neurology staff members discuss during huddles and meetings.
- 3) Utilize automatic phone call roll over function as a part of patient care.

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Key Safety Takeaways

1. Encourage staff to pull up the Hotlist first thing in the morning to have this tool readily available in the event a Hotlist call does come through.
2. Familiarize staff with key words that they will most likely hear from our patient populations that would trigger a Hotlist response.
3. Set clear expectations of what the workflow is once they encounter any Hotlist items / calls.
4. Set clear expectations in terms of Aspect use.

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