Interdisciplinary Communication Standard

Current State | All Clinical Settings | Salem Health Hospitals and Clinics

Effective: October 19, 2026	Audience: All clinical staff	Status: Interim — pending system-wide policy

Purpose

This document establishes the current standard for interdisciplinary communication at Salem Health Hospitals and Clinics across all clinical settings. It defines expected communication methods, provider availability requirements, the appropriate role of Epic Secure Chat, and the escalation pathway when a response is not received. This is an interim standard, in effect while a comprehensive system-wide clinician communication policy is developed and approved.

Scope

This standard applies to all licensed clinical staff with patient care responsibilities, including physicians, physician associates, nurse practitioners, nurses, and pharmacists, in all inpatient, emergency and ambulatory settings across Salem Health Hospitals and Clinics.

Communication method selection

Select the communication method based on the clinical urgency of the situation. The table below reflects current state practice at Salem Health.

Urgency	Method	When to use it
STAT / critical	Page or direct phone call. Include STAT at the beginning of the page.	Critical lab or diagnostic values, acute patient deterioration, RRT activations, and safety concerns requiring immediate action
Urgent (within 15 min)	Page or direct phone call. Include URGENT at the beginning of the page.	Significant status changes, new clinical concern requiring prompt provider input, family concerns needing timely response
Routine (within 1–2 hours)	Secure Chat or phone call	Care coordination, non-urgent status updates, clarification questions, order notifications
Non-urgent / administrative	In Basket or Secure Chat	Documentation questions, informational updates, discharge planning for stable patients
Next shift or rounds	Structured handoff — no message needed	Routine updates that can wait for handoff communication

Critical values must be reported verbally. Paging or direct phone contact is required for STAT and critical results. Secure Chat does not meet the standard for critical value notification and is not an acceptable substitute for a verbal handoff of urgent clinical information.

Provider availability requirements

Providers with active clinical responsibility must maintain pager or direct phone availability during all clinical hours. The Medical Staff Rules and Regulations (approved December 2025) establish the following response-time standard for all Active Staff members:

Response standard
All Active Staff members are expected to respond **to phone, beeper**, **or answering service** contacts **within 15 minutes of the initial contact.**

Escalation if there is no response
1. After 15 minutes: Make a second attempt. The switchboard will directly page or call the provider.
2. After another 15 minutes: If the provider still has not responded, contact the House Supervisor.
3. Further escalation: The House Supervisor may contact the Section Chief—or the Department Chair when there is no Section—and the Medical Executive Committee Member on Call to address the patient care issue.

The following requirements apply across all clinical settings and are consistent with the Medical Staff Rules and Regulations:

- Providers must have a current callback number with the switchboard at the start of each shift or coverage period.
- Paging is the established standard for urgent and critical contact. Providers may not direct nurses or other clinical team members to use Secure Chat as the sole method of urgent or critical contact.
- The method by which nurses and other clinical staff may reach a provider for urgent matters is a patient safety requirement. It is not subject to individual provider's preference.
- A preference for Secure Chat for routine, non-urgent communication is permissible as a general practice preference. It does not apply to urgent or critical clinical situations and does not supersede the 15-minute response requirement.
- Switchboard staff must maintain current callback information for all providers on active coverage. Routing a nurse to Secure Chat as a substitute for paging in an urgent contact situation is not consistent with this standard.
- Providers may opt out of Secure Chat and request contact exclusively by page or phone, particularly during nighttime coverage. However, providers may not require Secure Chat as the sole method of contact in place of paging or calling.

Secure Chat: role and limitations

Epic Secure Chat is an adjunct communication tool for care coordination and non-urgent clinical messaging. It is not a replacement for paging or direct phone communication in urgent or critical situations.

Appropriate uses

- **Care coordination:** notifying the team of orders placed, consult requests, referrals and procedure scheduling
- **Non-urgent status updates:** stable patient updates, family presence notifications and clarification questions
- **Order sharing:** sharing order links for review or clarification of active or unsigned orders
- **Clinical images:** transmitting clinical images via Haiku, Rover or Canto
- **Acknowledgments:** tap back responses (thanks, OK, thumbs up) that do not require a reply

Uses that are not appropriate

- Reporting critical lab or diagnostic values (use paging or direct phone call)
- Communicating urgent clinical status changes requiring immediate provider response
- Accepting verbal orders (Secure Chat is not an order entry mechanism; all orders must be entered and signed in Epic)
- Transmitting patient information when the provider has not been reached and the clinical situation is urgent
- Sending patient information via SMS or iMessage is prohibited under HIPAA

Secure Chat message standards

When Secure Chat is the appropriate tool for the situation, messages should meet the following standards:

- Always attach the patient chart when the message is patient-specific
- Be clear and specific — include enough clinical context so the recipient understands what is needed and by when
- Use priority levels appropriately: Routine for coordination, Important for time-sensitive but non-urgent matters, and Urgent only when immediate attention is required within minutes
- Message only those actively involved in the patient's care
- Verify on-call status before messaging — use the Epic treatment team to identify the correct provider by role
- Leave a patient chat thread when you are no longer involved in that patient's care
- Do not copy and paste Secure Chat content directly into a progress note — document care decisions in your own words in the medical record

Nursing escalation when there is no response

> **It is the responsibility of the sender** to confirm that urgent or critical communication has been received and acted upon. A sent page or a Secure Chat message delivered is not the same as a message received.

The Medical Staff Rules and Regulations require a response within 15 minutes of initial contact. When a nurse or other clinical staff member does not receive a response within that timeframe for an urgent or critical matter, the following escalation steps apply:

Step	Action
1	Page or call the provider. Verify the page or call was directed to the correct provider and that patient context was included.
2	If there is no response within 15 minutes, make a second attempt by page or direct phone call. Consult the on-call schedule via WebExchange or contact the switchboard if needed to confirm the correct covering provider.
3	If there is no response within 15 minutes of the second attempt, contact the House Supervisor. The House Supervisor may escalate the patient care issue to the Section Chief—or to the Department Chair when there is no Section—and the Medical Executive Committee Member on Call, consistent with the Medical Staff Rules and Regulations.
4	Contact the switchboard at any step if you are unable to reach the provider directly — switchboard can facilitate contact.
5	Follow the facility Escalation of Care Policy for any ongoing clinical concern. Do not continue waiting for a response if the patient's condition is deteriorating.

Do not delay escalation while waiting for a Secure Chat response if the clinical situation requires faster action. Patient safety takes precedence over communication method preferences.

Documentation requirements

- Secure Chat messages are **not part of the legal medical record** but are legally discoverable.
- Messages are automatically deleted on a rolling 180-day basis unless Health Information Management places a retention hold.
- If a care decision was informed by a Secure Chat conversation, document the substance of that communication in the progress note or order in your own words. The chat message alone does not constitute sufficient documentation.
- Do not copy and paste Secure Chat content directly into clinical documentation.
- Any order discussed in Secure Chat must be entered and signed in Epic. A Secure Chat message is not an order.

Interim status and next steps

This document is an interim standard issued to establish a clear, unified baseline for provider-nursing communication across Salem Health while a comprehensive system-wide clinician communication policy is finalized. It supersedes any prior departmental or unit-level standard work that conflicts with the requirements in this document, including guidance on provider paging availability and critical value reporting.

Nursing and Medical Staff leadership are the joint owners of this standard and will lead its communication, adoption and ongoing review. Department-specific workflows must align with this standard. Questions or concerns about this standard should be directed to clinical or medical staff leadership.

References

- Salem Health Hospitals and Clinics Medical Staff Rules and Regulations, approved Dec. 16, 2025 — provider response-time requirements and escalation chain
- Salem Health Escalation of Care Policy — clinical escalation pathway for patient safety concerns
- Epic Secure Chat training resources — available through the Clinical Informatics Team