**Physician’s Emergency Communication Plan**

**PURPOSE:** To ensure timely two-way communication between on-duty physicians and the hospital’s incident command team (referred to as hospital command) during code triage events.

**PROCESS:**

1. When a Salem Health (SH) code triage is activated on-duty physicians are notified as follows:
	1. An overhead announcement will be made to inform all staff of the code triage.
	2. The following **physician leaders** will receive code triage information via the SH emergency notification system:
		1. **SH Chief Medical Officer**
		2. **SH Vice President of Medical Affairs**
		3. SH Emergency Department (ED) Medical Director
			1. The SH ED lead physician
		4. **Trauma Services, SH Trauma Services Medical Director**
			1. The trauma surgeon-on-call
		5. **SH Surgical Services Medical Director**
			1. The SH anesthesiologist-on-call
		6. Hospitalist program, SH Hospitalist Medical Director
			1. The intensivist-on-call
		7. **The OB Hospitalist Medical Director**
		8. **SH Medical Group Family Medicine Medical Director**
		9. **SH Psychiatric Services Medical Director**
		10. **SH Hospitals & Clinics, Chief Medical Information Officer (CMIO)**
		11. **SH West Valley ED Medical Director**
			1. SH West Valley ED Physician
2. Emergency notifications
	1. Are delivered to communication devices as requested by the physician leader (cell or landline phone voice message, pager, cell phone text message, email, etc.).
	2. The message identifies the reason for the code triage and indicates the action being requested.
		1. For example, “A code triage has been activated for a disruption of the electronic medical records system. Use electronic medical records system disruption procedures.” Or, “A code triage of the hospital’s phone systems has occurred. Use emergency (red) phones.”
3. Emergency communication between physicians and **hospital command**.
	1. If hospital command wants to communicate with physician leaders specifically, hospital command will send an emergency notification to one or more of the physician leaders outlined above in 1. b., such as:
		1. “Contact hospital command at 503-814-8550 regarding the Code Triage/Electronic Medical Record System Disruption.”
	2. If any physician wants to discuss concerns or recommendations in how physicians within their operational area (i.e. ED, Surgical Services, SHMG, etc.) should function they will provide that input directly to their physician leader as outlined above in 1. b.
	3. If physician leaders wants to contact **hospital command** they may call the bridge line at 503-561-7271 which connects them to the hospital command conference line phone. This number is the same for all three hospital command centers.
		1. If the physician leader prefers to communicate privately on a direct line, when contact is made on the bridge line the physician leader may request hospital command to identify a phone number that can be called (these numbers differ depending which command center location is used).