ClinicOps

FREE DOWNLOAD

Escalation Ladder

Who handles what, when the desk interrupts the physician, and how fast each rung answers. Fill it in, sign it, post it.

Without a ladder, staff bury something urgent because they are afraid to interrupt, and the physician is pulled out of visits for things that never needed them. Fill in the boxes with your physicians (prefilled ones are suggestions: type over them, and add a backup for each rung), sign page 2, and post it at every desk and phone.

> **The pocket rule, for every gray area**
> If it might be clinically urgent, get a clinician now. If it is not clinical, it waits for the right rung. Staff never decide what is clinically urgent: they recognize the signs on the list and hand it to a clinician at once.

The ladder

Rung	Handles	Who (role and name)	How to reach	Answers within
0. Emergency services	Anything on the 911 list (page 2). Call 911 first, then the physician.	911	Desk phone	Immediately
1. Front desk	Scheduling, routine questions, forms, payments under the financial policy, anything it owns and can finish.		In person	Now
2. Office manager	Complaints, staffing gaps, payment exceptions, vendors, equipment, anything beyond the desk that is not clinical.			Same day
Privacy officer	Any possible privacy incident: wrong fax, misdirected email, lost device, someone in a record without a reason.			Within 1 hour
3. Clinical staff (MA or nurse)	Clinical questions and messages, refill requests, results, triage under the physician's protocol.			Same hour
4. Physician: interrupt now	Only the short list on page 2, and anything clinical staff escalate.		Knock and step	Now

Say it in one breath when you interrupt

Situation	Say
A caller reports a symptom on the list	"Dr. [name], a caller on line 2 reports chest pain. I told them to call 911. I need you to speak to them now."
A patient in the waiting room looks very unwell	"Dr. [name], a patient in the waiting room is short of breath. Please come now."

Sort the common issues before they happen

Staff should recognize a situation, not judge it cold. The examples are a starting point: your physicians confirm the clinical columns, and you add your own recurring cases in the blank rows.

Handle now (desk)	Route to the office manager (same day)	Clinical staff (inside their window)	Interrupt the physician now
Booking, rescheduling, directions	A complaint about the practice or a staff member	A question about a symptom that is not on the 911 list	A clinician asks for the physician
A form or records request (start the records SOP)	A payment dispute or a request outside the financial policy	Refill requests and medication questions	A result the lab calls in as critical
Running late, under the late-arrival policy	No cover for a shift or a broken key system	A patient asking what a result means	A patient at the desk with a symptom on the 911 list, after 911 is called
Reminder and portal questions	A threat to post a bad review	A post-visit problem the patient calls about	

The 911 list: call 911, then tell the physician

Set this list with your physicians and post it at every phone. The signs are from CDC public guidance; your physicians may add to it.

Situation	What the desk does
Heart attack signs: chest discomfort or pressure; feeling weak, light-headed or faint; pain in the jaw, neck, back, arms or shoulders; shortness of breath	On the phone: tell the caller to hang up and call 911. In the office: call 911, then get the physician.
Stroke signs, B.E. F.A.S.T.: loss of balance, vision changes, a drooping face, a drifting arm, slurred or strange speech	Call 911 right away, and note the time the signs started. Get the physician.
Someone collapses, is not breathing or cannot be woken	Call 911, get the physician and the emergency kit, and follow your trained response.
A caller or patient talks about suicide or harming themselves	Stay with them or on the line. Give 988 (call or text, 24/7) and get a clinician now. If there is immediate danger, call 911.
A threat of violence in the office	Move people away, call 911, then tell the office manager.

Approved

Physician owner

Office manager

Effective date

Privacy officer

Clinical lead

Next review date

Clocks the rules already set

When this happens	Escalate to	The clock	Rule
A staff member's exposure to blood (needlestick, splash)	Office manager and a clinician, now	A confidential medical evaluation and follow-up made immediately available	29 CFR 1910.1030(f)(3)
A work-related death of an employee	Owner, now	Report to OSHA within 8 hours	29 CFR 1904.39(a)(1)
An employee's in-patient hospitalization, amputation or loss of an eye from work	Owner, now	Report to OSHA within 24 hours	29 CFR 1904.39(a)(2)
A possible privacy breach	Privacy officer, same day	Notice to patients without unreasonable delay, no later than 60 calendar days after discovery	45 CFR 164.404(b)
A lab calls with a panic or alert value	The ordering or covering clinician, now	Labs must alert the ordering provider immediately	42 CFR 493.1291(g)

Offices of physicians are partly exempt from keeping OSHA injury logs, but every employer must report the events above (29 CFR 1904.2).

Count the interruptions for one week

For five clinic days, the physician or a medical assistant logs every interruption: what it was and which rung should have taken it. Then size it.

Day and time	What it was about	Rung it should have gone to	Minutes lost

Line	Worked example (illustrative)	Your practice
A. Interruptions a day that belonged to another rung	6 (of 9 logged a day)	
B. Minutes each, on average, including getting back to the visit	3	
C. Clinic days a year	220	
Physician hours lost a year: A x B x C / 60	66 hours	

Sort each logged interruption into the right column on page 2: every routine one is a missing line there. The reasoning behind every rung, and how to build the ladder with your team, is in the escalation policy guide.

Is the ladder ready? Tick what is true

- [ ] **Every rung has a named person and a named backup.**
  A rung with no backup is empty every lunch break and every vacation.
- [ ] **The physicians have confirmed the 911 list and the interrupt-now column.**
  Clinical urgency is a clinical decision, never the desk's.
- [ ] **The ladder is posted at every desk and every phone.**
  A policy in a binder is a policy nobody reads under pressure.
- [ ] **Every staff member has practiced the one-breath interruption.**
  Practiced words come out fast; new words come out late.
- [ ] **The response windows are published to staff and on the voicemail greeting.**
  A window nobody knows is not a window.
- [ ] **The exposure control plan is where staff can find it in under a minute.**
  The rule asks for evaluation to be made immediately available.
- [ ] **The privacy officer is named and staff know how to reach them.**
  Breach clocks start from discovery.
- [ ] **Last week's interruptions were logged and counted.**
  The count shows whether the ladder is working.
- [ ] **The ladder is reviewed after every escalation that went wrong.**
  Each miss is a missing line on this page.
- [ ] **A review date is on the calendar: every six months.**
  Staff, phones and physicians change.

Ticks: 9 or 10, ready. 6 to 8, fix the gaps this week. 5 or fewer, the desk is guessing: fill in pages 1 and 2 with the physicians before anything else.

When it goes wrong

If	Then
Staff waited to interrupt and something urgent was delayed	Review it the same day without blame: which sign was missed, and is it on the list? Add it, retrain, and thank the person who raised it.
The physician is interrupted for routine things	Look at the interruption log. Each routine interruption is a missing line in the handle-now or manager column: add it.
The office manager is out	The backup named on rung 2 takes it. If none is named, that is the first fix.
The physician is with a patient in a procedure	The interrupt-now list still applies. Agree in advance who covers: a second physician, or the clinician on duty.
A caller refuses to call 911	Stay calm, repeat the advice once, get a clinician on the line now, and document what was said.
Staff disagree about which rung	Use the pocket rule. Bring the case to the next huddle and add it to the right column.

Sources

Checked against the original source in November 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. CDC, Stroke signs and symptoms: B.E. F.A.S.T., call 911 (May 19, 2026). cdc.gov/stroke/signs-symptoms/index.html

2. CDC, Heart attack symptoms: call 911 immediately (Oct 24, 2024). cdc.gov/heart-disease/about/heart-attack.html

3. 988 Suicide and Crisis Lifeline: call, text or chat, 24/7/365 (read Nov 17, 2026). 988lifeline.org/

4. 29 CFR 1910.1030(f)(3), post-exposure evaluation made immediately available (eCFR, current to Nov 13, 2026). ecfr.gov/current/title-29/section-1910.1030

5. 29 CFR 1904.39, reporting deaths within 8 hours and hospitalizations, amputations or eye loss within 24 hours (eCFR, current to Nov 13, 2026). ecfr.gov/current/title-29/section-1904.39

6. 29 CFR 1904.2 and Appendix A to Subpart B, offices of physicians (NAICS 6211) partially exempt from injury logs (eCFR, current to Nov 13, 2026). ecfr.gov/current/title-29/section-1904.2

7. 45 CFR 164.404(b), breach notice no later than 60 calendar days after discovery (eCFR, current to Nov 13, 2026). ecfr.gov/current/title-45/section-164.404

8. 42 CFR 493.1291(g), labs alert the ordering provider immediately for panic or alert values (eCFR, current to Nov 13, 2026). ecfr.gov/current/title-42/section-493.1291

Where this ladder stops

It sets the rules. It cannot run them on a full Monday:

- **It cannot recognize a symptom. Only a trained person, with the list in front of them, can.**
- **It cannot cover a rung when the named person is at lunch or on vacation.**
- **It cannot count interruptions or notice that the same escalation keeps going wrong.**
- **It cannot train a new hire to say it in one breath.**

Practice Controls: an SOP library a new hire can run on day one, a recurring task board, license and compliance calendars, and the cash controls that stop leakage.

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