FACILITY TOOL

Change-of-Condition Escalation Checklist

Trace a change from recognition through assessment, escalation, provider communication, order implementation, handoff, reassessment, and closure. Adapt clinical actions to professional scope and facility policy.

HOW TO USE	Mark each item Yes, No, Not Applicable, or Needs Follow-up in your working copy. Add evidence, an owner, and a recheck for every gap. Do not use this public blank template to transmit resident information.

1. Recognition

- [ ] The observed change is described with date, time, source, and objective details available to the reporter.
- [ ] The process distinguishes baseline, new change, worsening change, and immediate emergency concern.
- [ ] The person recognizing the change knows the next authorized role to contact.

2. Assessment and escalation

- [ ] An authorized clinician receives the report and completes the assessment required by professional scope and facility process.
- [ ] Escalation urgency is based on the resident's condition and authorized clinical judgment.
- [ ] Unanswered calls, unavailable staff, or uncertain responsibility have a backup escalation path.
- [ ] The open concern remains visible until an authorized decision is reached.

3. Provider and representative communication

- [ ] Provider communication includes the relevant change, assessment information, prior actions, and requested decision.
- [ ] The response, order, or instruction is read back or verified using the approved process.
- [ ] Authorized resident or representative communication occurs as appropriate and is documented.
- [ ] No-response or delayed-response exceptions are escalated through a defined path.

4. Order implementation

- [ ] New, changed, held, or discontinued instructions reach every affected source and department.
- [ ] Medication, diet, treatment, monitoring, appointment, transport, and mobility changes are reconciled as applicable.
- [ ] Obsolete instructions are removed or clearly superseded.
- [ ] The person implementing the change records completion and unresolved dependencies.

5. Handoff, reassessment, and closure

[ ]	Open actions and watch items are included in shift handoff.
[ ]	The next reassessment point and responsible role are defined.
[ ]	Follow-up results are compared with the expected response and escalated when the resident is not improving as expected.
[ ]	Closure evidence shows the change was recognized, acted on, implemented, reassessed, and handed off.
[ ]	A process break triggers QA review and control correction when recurrence is possible.

Working notes

Use a secure facility or family working copy when recording any resident-specific details. Keep the public blank tool free of identifying information.

Secure resident reference	
Change observed	
Recognition time	
Assessment / escalation	
Provider response	
Orders or actions	
Handoff owner	
Reassessment and closure	

Action and verification log

Action / control	Owner	Due	Evidence / result

Scope disclaimer

This tool is a general process-control aid. It does not replace emergency care, treating-clinician judgment, legal advice, or facility-specific regulatory review. It does not establish a treating relationship or guarantee compliance or outcomes. Use authorized secure methods for resident-identifying information and records.

Care Reliability Partners is a healthcare services brand of Autilogix LLC.