DIGNITY HEALTH
ADMINISTATIVE POLICY MANUAL
CLINICAL POLICY AND PROCEDURE

SUBJECT:	Chain of Command (COC): Communication of Patient Care Concerns		
POLICY NUMBER:	140.1.005	**DATE APPROVED:**	February 28, 2018
APPLIES TO:	☒ System Offices ☒ Acute Care Entities ☒ Non-acute Care Entities	**ORIGINAL EFFECTIVE DATE:**	June 26, 2014

POLICY:

A. Dignity Health is committed to providing timely and appropriate care to every patient. Patient care should not be delayed and prompt progression is essential through the chain of command process.
B. An effective Chain of Command (COC) clearly defines a line of authority and responsibility through which concerns can be escalated.
    1. It includes a formal communication process for prompt handling and resolution of patient care concerns.
    2. A specific sequence or order of contact is identified.
    3. The individuals in the chain of command must be able to use their position and authority to ensure the patient receives the appropriate care.
C. All hospital and medical staff should take whatever action is necessary and appropriate to ensure that patients receive quality care.
D. Communication regarding patient care concerns should be timely, complete, and accurate and follow the Chain of Command, if necessary, to achieve resolution.
E. If an employee or medical staff member believes that the best interests of a patient or the hospital have been, or may be jeopardized, intervention is required.
F. The Chain of Command policy should be followed:
    1. In resolving administrative, clinical (quality of care or safety of a patient is in question) or service issues.
    2. To present or report an issue of concern and pass it up the lines of authority until resolution is reached. This escalation is not limited to the facility level and may include notification of system leaders.
G. Retaliation against anyone who invokes the Chain of Command procedure is strictly prohibited.
H. Medical provider/Licensed Independent Practitioner (LIP) issues shall be handled in accordance with Medical Staff bylaws.

AFFECTED DEPARTMENTS:

All Dignity Health Facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices and sites

PROCEDURE:

A. Examples of when to invoke the Chain of Command include but are not limited to:

1. When LIP orders are unclear (only after the ordering LIP is asked for clarification).
2. In a clinical situation where a nurse or other clinician believes a Licensed Independent Practitioner (LIP) has not responded in a timely manner to fully address the issues raised that may present an immediate risk to the patient, or in instances where a LIP has not responded in a timely manner to a deteriorating patient condition. In this situation, timely is defined by the Registered Nurse (RN) based on patient status.
3. When the nurse's assessment of the patient varies significantly from the LIP's assessment.
4. When a nurse or other clinician believes in his/her clinical knowledge or judgment that implementing a LIP order or plan of care may potentially have an adverse effect on patient safety or condition.
5. In situations where impairment, unprofessional or disruptive behavior of an employee, LIP or other member of the health care team is suspected or witnessed.
6. Communication issues that interfere with patient and family care including:
    a. Complexity of care
    b. Clinical responsibility
    c. Personal values and expectations
    d. Ethical concerns

B. Accountability for Initiating the Chain of Command (COC):

1. When a clinician is aware of a potential or actual issue, (s)he is accountable to:
    a. Provide patient care without delay.
    b. Make attempts to prevent or resolve the issue (within own scope of responsibility).
    c. Alert immediate supervisor of the potential or actual issue if unable to elicit timely and appropriate response.
2. If still unresolved or in the event that the issue is with an immediate supervisor, notify the next level of command. Continue escalating until resolution or you have reached the highest level. (See Attachment A for *Chain of Command Process Flow)*

C. Guidelines for Initiating the Chain of Command (COC):

1. Call the Rapid Response Team (RRT) if the patient's condition deteriorates, even if already working within the Chain of Command policy.
2. ***Do not delay care to the patient***. There should be prompt progression through the chain of command to meet patient needs. Depending on the urgency and nature of the issue, it may not be possible to follow each consecutive step.
3. Contact the treating LIP immediately and ***clearly state*** the urgency, the patient's condition using data, and a recommendation. Clearly identify the patient care issue to be resolved.
4. If an issue/conflict arises in a patient care area between a Registered Nurse (RN) and LIP, direct communication by the staff nurse to the LIP should be done first.
    a. Any conflict should be discussed in a discrete area away from the patient's bedside.
    b. RN/clinician should continue to provide patient care while the immediate supervisor escalates issue up chain of command until it is resolved.

5. Medical Staff chain of command should be activated by leadership if treating LIP is not reached or issue is not satisfactorily resolved.
    a. The facility medical staff office must maintain a medical staff contact list that is to be reviewed and updated no less than once a year. (Refer to Attachment B for an example of the information needed.)
    b. This information should be specific to the facility's medical staff structure, completed and made available in all patient care areas.

Documentation / Reporting Requirements:

A. Medical record documentation must be factual, objective and must not express personal opinion or comments. Documentation should include:
    1. Care provided to the patient
    2. Interactions taken on the patient's behalf
    3. Time of all notifications or attempted notifications
    4. Individuals contacted
    5. Information delivered and response received
B. Complete an Event Report whenever the Chain of Command is implemented

DEFINITIONS:

Chain of Command: refers to an authoritative structure established to resolve administrative, clinical, or other patient safety issue by allowing healthcare clinicians to present an issue or concern through the lines of authority until resolution is reached. Communication must occur without fear of reprisal. In the healthcare setting, it supports patient safety and enhances patient care. It is an orderly line of authority.

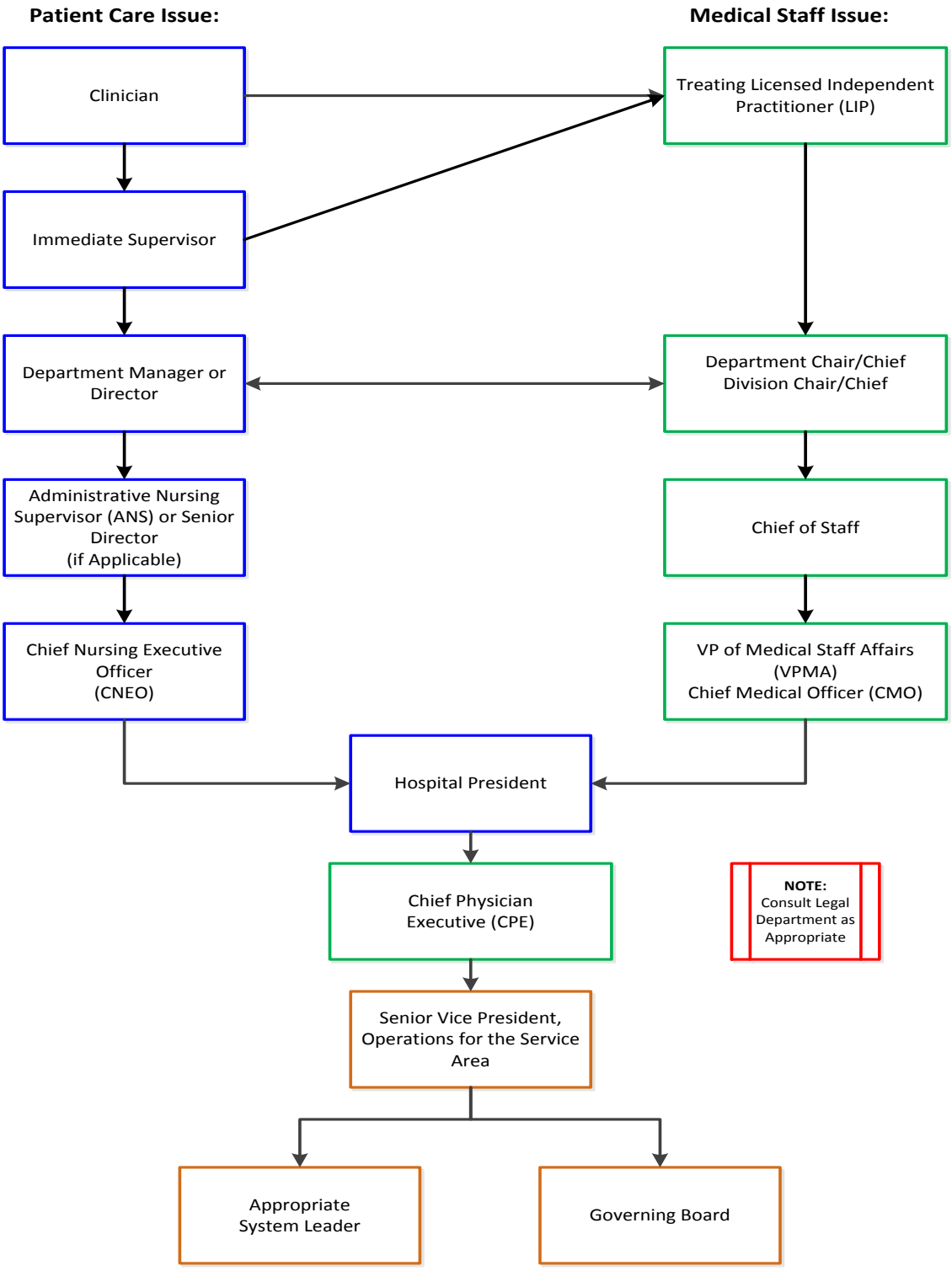
REFERENCES:

Birk, S. (2015). Accelerating the adoption of a safety culture. *Healthcare Executive*, Mar/Apr; 19-26. Retrieved from https://www.centerfortransforminghealthcare.org/assets/4/9/Healthcare_Executive_McKee_032015.pdf

Pennsylvania Patient Safety Authority (PPSA). (2010, June). Chain of command: When disruptive behavior affects communication and teamwork. Supplement 2, Vol. 7; 4-13.

STATUTORY/REGULATORY AUTHORITIES: *None cited*

ATTACHMENT A: CHAIN OF COMMAND PROCESS FLOW



ATTACHMENT B

Facility-specific Medical Staff Contact information

(This Form can be customized to reflect the Facility-specific Medical Staff structure)

Position	Name / Contact	Phone	Pager
MEDICAL STAFF OFFICERS			
Chief of Staff			
Chief of Staff Elect			
Secretary / Treasurer			
Vice President, Medical Affairs (VPMA)			
Past Chief of Staff			
Member-At-Large			
Member-At-Large			
Member-At-Large			
DEPARTMENT HEADS			
Anesthesia Chair			
Anesthesia Vice Chair			
Cardio/CVS Char			
Cardio/CVS Vice Chair			
ED Chair			
ED Vice Chair			
Hospital Medicine Chair			
Hospital Medicine Vice Chair			
Maternal Child Health Chair			
Maternal Child Health Vice Chair			
Pediatric Division Chief			
Medicine Chair			
Medicine Vice Chair			
GI Division Chief			
Laboratory Division Chief			
Neurology Division Chief			
Pulmonology Division Chief			
Nuclear Medicine / Radiology Division Chief			
Rehab Division Chief			