

Policy: Chain of Command: Communication of Patient Care Concerns

ORGANIZATIONAL: Affects two or more departments.							
Folder	Organizational Choices: Employee Management			Sub-Folder (If Applicable)	n/a		
Original Effective Date	4/1/1987	Scope	What departments does this policy apply to? State "All" as is may apply to the entire organization. All Clinical Departments				
Approved (Approver/Date)	MDRC: 11/2019						
Last Reviewed/ Revised Date	11/21/2019	OSHA Category (If Applicable)	III	Standard (If Applicable)	n/a	Number of pages	3

PURPOSE:

The "Chain of Command: Communication of Patient Care Concerns" policy provides a formalized mechanism for staff to follow in resolving clinical, patient safety or service issues where the quality of care or safety of a patient is at question. It is the mechanism to present or report an issue of concern and pass it up the lines of authority until a resolution is reached.

GUIDELINES: What are some general statements regarding the use of the policy?

1. All staff are responsible to advocate for the patient at all times and has the responsibility to implement the chain of command procedure to resolve issues when the safety of the patient becomes affected or the delivery of patient care may be delayed.
2. To address patient care or patient safety issue that cannot be immediately resolved with current established policy and procedure, the Chain of Command will be utilized to identify resolution.
3. Exclusion: If patient meets Rapid Response Team (RRT) criteria, the RRT will be activated and patient's urgent medical needs will be managed by the RRT.
4. Examples of situations when the chain of command should be invoked include, but are not limited to:
 - a. Suspected impairment of a healthcare professional/medical provider.
 - b. Patient orders that remain unclear even after clarification has been sought;
 - c. Health professional/medical provider has not responded to a deteriorating patient condition in a timely manner;
 - d. A nurse's assessment varies greatly from the medical provider's assessment;
 - e. Situations in which a healthcare professional/medical provider believes that another healthcare professional/medical provider has not responded in a manner that fully addresses the issues raised that may present an immediate risk to the patient.
 - f. Failure of licensed practitioner to respond to a page within a reasonable amount of time.
 - g. Refusal to adhere to established policies or procedures

5. Medical Record should be factual, objective and must not express personal staff opinions or comments. Care provided to the patient and interactions taken on the patients behalf are documented.
 - a. The issue will be documented in a patient safety event report for continued follow up and resolution.

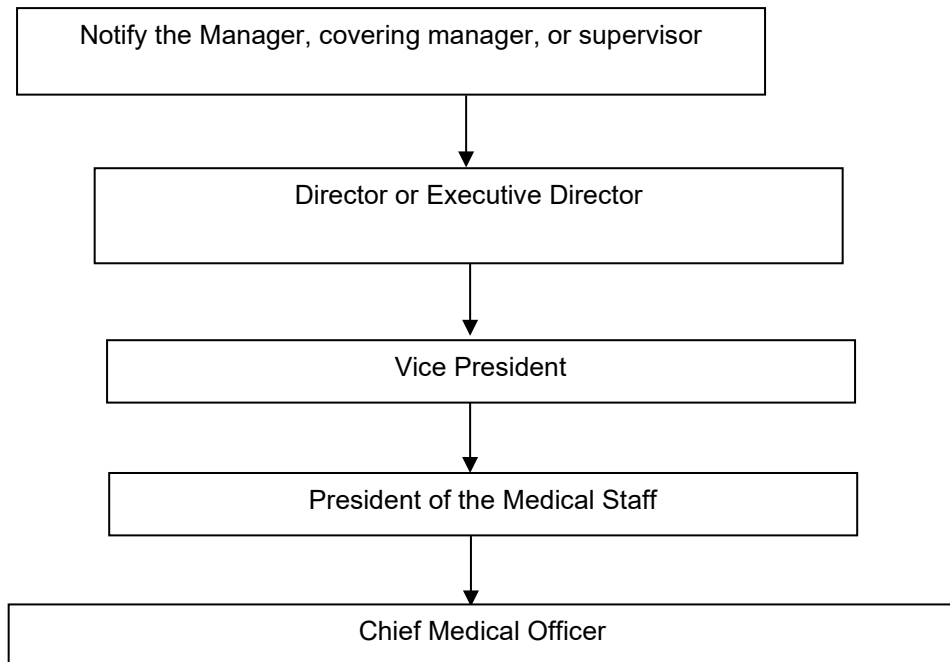
PROCEDURE: Proceed from the lowest to highest position on Chain of Command (Schematic Appendix A)

1. Steps within the chain of command may be accelerated to a high level when deemed appropriate. May skip steps as necessary based on the urgency of the patient care or operational issue.
2. Communication shall be clear concise, and timely.
3. Activation of the Chain of Command policy in good faith will not result in punitive action by the hospital/department against involved staff.

REFERENCES: NA

Attachments: Appendix A: Chain of Command Schematic

APPENDIX A:
CHAIN OF COMMAND SCHEMATIC:
DURING BUSINESS HOURS (7:00 A.M. TO 5:00 P.M.)



DURING NON-BUSINESS HOURS (5:00 P.M. TO 7:00 A.M.) & (SATURDAY –SUNDAY 24 HOURS)

