Original:	*02/2007*
Review:	*02/2014*
Next Review:	*02/2017*
Policy Champion:	*Donna Roe: Clinical Director Nursing Resource*
Policy Area:	*SJ Hospital - Planning and Providing Care*
Applicability:	*St. Joseph Hospital : St. Joseph Hospital (stjosephhospital)*

Escalation Chain of Authority Involving Patient Care, PCS-38

PURPOSE:

St. Joseph Hospital (SJH) is committed to providing safe, quality patient care. Members of the healthcare team are obligated to work toward resolution of identified real and potential problems within the system that may affect patient care. If the member is unable to resolve such issues independently, the team member is obligated to present the issue in a timely manner to successively higher levels of command until a satisfactory resolution is achieved.

"Chain of Command in healthcare refers to an authoritative structure established to resolve administrative, clinical, or other patient safety issue by allowing healthcare clinicians to present an issue of concern through the lines of authority until a resolution is reached."

POLICY:

- **Initiation of the Chain of Command (COC)** is an administrative method that is in place to resolve clinical patient care issues. Examples include but are not limited to:

  1. Conflicts

  2. Refusal to adhere to established policies or procedures

  3. Delayed response

  4. Impairment of a coworker

  5. Disruptive behavior of staff member or medical provider

  6. Communication issues that interfere with patient and family care. Examples of barriers to communication include:

     - Complexity of care

     - Clinical responsibility

     - Language differenc

     - Generational issue

     - Personal values and expectation

     - Personal differenc

▪ Disruptive or escalation behavior

Risk Reduction Strategies taken can have an impact on decreasing the need to initiate the COC. Strategies include but are not limited to:

1. Training of key personnel in conflict resolution techniques

2. Talking directly with the staff member or provider at the time of concern in a discrete area away from the patient's bedside.

3. Arrange for support during discussion with the staff member or provider

4. Review of policy or procedure with staff member or provider

5. Just in time education, as appropriate

- **Initiating the COC involves:**

  1. When a team member is aware of a potential or actual issue, the team member is accountable for:

     a. Making attempts to prevent or resolve the issue (within their scope of responsibility)

     b. If unresolved, the team member shall contact their immediate supervisor to alert them to the potential or actual issue.

     c. If still unresolved, the team member shall notify the next level of command (e.g. manager/ director) during regular business hours or the House Administrator (HA) after business hours. The HA can be reached on pager at 376-6008 or via a Communication Specialist.

     d. If unable to resolve, the HA shall contact the Administrator on Call (AOC) for resolution of the issue who can be reached via a Communication Specialist.

     e. If the issue continues to ream unresolved, the AOC shall notify the VP-PCS, who can be reached via a Communication Specialist.

     f. In the event the VP-PCS is unavailable or unable to resolve the issue, the AOC/VP-PCS shall contact President/CEO for resolution and/or guidance of the issue, who can be reached via a Communication Specialist.

NOTE: In the event the issue is with an immediate supervisor, a level of command may be passed over to the next level on the COC.

GUIDELINES FOR ISSUES WITH CREDENTIALED MEDICAL PROVIDERS:

1. If an issue/conflict arises in a patient care area, between staff nurse and attending provider, direct communication by the staff nurse to the attending provider should take place first. This conflict should be discussed in a discrete area away from the patient's bedside.

   a. Examples of when the COC may be utilized includes but is not limited to:

      i. When provider orders are unclear (only after the ordering provider are asked for clarification.)

      ii. In instances where a provider has not responded in a timely manner to a deteriorating patient condition. In this situation, timely is defined by the staff nurse based on patient status.

      iii. When the nurse's assessment of the patient varies significantly from the provider's assessment.

      iv. In situations where impairment of a provider is suspected.

    v. In clinical situations where the nurse believes the provider has not responded in an appropriate manner to fully address the issues raised that may present an immediate risk to the patient.

2. If unable to be resolved, the staff member should follow the COC as written above. In addition,

    a. Direct communication with attending provider should take place or contact should be made with the department chairperson.

    b. If the conflict is with the department chairperson, the president of the medical staff or VP/medical staff affairs should be contacted by the AOC.

    c. Chief of department communicates with the attending provider and communicates with staff member to resolve conflict.

    d. Medical provider issues shall be handled in accordance with Medical Staff bylaws.

Cross Reference:
HR-26 Rules of Conduct and Discipline
HR-15 Dispute Resolution
Medical Staff Bylaws, Rules, and Regulations (available on the SJH Intranet site)

REFERENCES:

Pennsylvania Patient Safety Authority (June, 2010). Chain of command: when disruptive behavior affects communication and teamwork. Pennsylvania Patient Safety Authority; Vol 7, Supplement 2, pp 4-13. Thompson DA, Lubomski L, Holzmueller C, Wu A, Morlock L, Fahey M, Dickman F, Dorman T, Pronovost P.(2005). Integrating the intensive care unit safety reporting system with existing incident reporting systems. *Joint Commission Journal on Quality and Patient Safety.* 31(10), 585-593.

RESPONSIBILITY:

Nursing Personnel

SUPERCEDES:

NDI 22 Nursing Policy

interdisciplinary collaboration:

Clinical Nursing Leadership Impatient Care Committee

Attachments:
No Attachments

	Committee	Approver	Date
	Clinical Nursing Leadership	Kayla Fitzgerald: ICU/CCU Manager	11/2013
	Senior Nursing Leadership	Pamela Duchene: VP of Patient Care Services	01/2014
	Medical Executive Committee	Judy Grilli: Medical Staff Office Manager	02/2014