PROVIDENCE
Sacred Heart Medical Center
Sacred Heart Children's Hospital
Holy Family Hospital

TITLE: CHAIN OF COMMAND

DATE: 6/2012, 10/2012

POLICY

I. **INTENT**: To ensure that patients are provided safe and high quality care in a timely manner.

II. SCOPE: Patient care areas and staff (credentialed and employed health care team members).
Note: OB has implemented a policy specific to that area.

III. PROCEDURE: (Also see attached flow chart)

A. Immediate patient care clinical concern

1. Any member of the healthcare team who observes potentially unsafe / sub-optimal care or a failure of a healthcare provider to respond first reports the situation to the charge nurse/area manager.

   If there is a potential immediate threat to the wellbeing of a patient, contact is made to the Administrative Supervisor who holds a list of physician emergency contact numbers as well as contact numbers for Medical Executive Committee (MEC) members. In the absence of a charge nurse/area manager, any member of the healthcare team may directly contact the Administrative Supervisor at 474-5160 (PSHMC) or 482-3940 (HFH). These potential immediate threats include such instances as a potentially impaired practitioner due to a health or substance concern, practice outside the normally accepted standards of care, or failure to respond timely to contacts from hospital staff.

2. If the Administrative Supervisor cannot resolve the issue, s/he will contact the Administrator-on-call to assist in resolution. The Administrator-on-call together with the Chief Medical Executive, a Division Chief, or member of the MEC may call in another specialist as they determine necessary to evaluate and treat the patient. The Administrator-on-call or the MEC member will inform the practitioner if care is being transferred or another practitioner is being brought in to consult/advise.

3. Any member of the MEC, the Board, the Chief Medical Executive, or the hospital Chief Executive/designee has the authority to suspend a medical staff or allied health professional staff member's clinical privileges on a precautionary basis if there is deemed to be a potential immediate threat to the wellbeing of a patient.
   a. Should a suspension occur, security will be requested to accompany the Administrative Supervisor or other leader who is informing the practitioner of the suspension.

b. If the suspended practitioner is an allied health professional, their sponsor or alternate will be immediately notified to assume patient care responsibilities.
c. If suspension occurs, the Medical Staff Director will be notified and will initiate the process identified in the Medical Staff Bylaws/Fair Hearing Plan.
d. If suspension has occurred, the Administrative Supervisor will assure the patient/family is notified of the physician or group assuming patient care.

B. <u>Non-immediate</u> patient care concerns

Concerns regarding treatment, communication, or responsiveness which do not pose an immediate safety concern are handled through the normal chain of command. (Concerned staff member→charge nurse/area manager→Director →Vice President.) Each immediate supervisor attempts to resolve the issue or reports to the next level of authority.

If the issue cannot be resolved by the Vice President, the Medical Director, Department Chair, Division Chief, or Chief Medical Executive may be consulted to assist in resolution as needed.

C. Documentation

Medical record documentation must be factual, objective, and must not express personal staff opinions or comments. Care provided to the patient and interactions taken on the patient's behalf are documented.

A Quantros report must be submitted by the Administrator-on-call if s/he is not able to immediately resolve issues regarding credentialed staff.

Approved PSHMC MEC 9/12; PHFH MEC 10/12

SEE FLOW CHART BELOW

CHAIN OF COMMAND - PATIENT CARE