

Title: Chain of Command
Department: Administration
Effective Date: 7/2009 **Reviewed:** 1/17
Previous Version(s): 8/82
Replaces:

Policy & Procedure

The reader is cautioned to refer to the Central Policy Database for the most current version of this document and not rely on any printed version.

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Reviewed and approved by Medical Executive Committee on April 12, 2013

Scope:

This policy applies hospital wide throughout Kapi'olani Medical Center for Women & Children (KMCWC), an affiliate of Hawai'i Pacific Health (HPH).

Policy Statement:

Staff members are required to take action when there is a question of unsafe practice, patient safety concerns, or inappropriate patient care.

Definitions:

None

Policy / Procedure:

I. Medical Chain of Command:

- A. Kapi'olani recognizes that conflicts or disagreements may arise between staff and an attending physician or resident, or immediate supervisor regarding medical or clinical care being provided to a patient. Therefore, as a means to address and/or resolve such issues and to ensure that patients are not jeopardized or the quality of patient care is compromised by mistakes, errors in judgment or decisions related to resource allocations, the following process has been established.

In general medical problems will be resolved through the Medical Chain of Command. Each Medical Staff member shall provide appropriate coverage in the case of his/her unavailability.

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Each practitioner shall have made available the name of physician who is to be called in his/her absence.

Should a staff member have a conflict with a course of treatment, medication, and/or diagnostic testing being provided, the staff member has an obligation to express such concerns, either verbally or in writing through the chain of command at the time the conflict is occurring.

In the event that the staff member believes, that following a physician's order could jeopardize a patient, the staff member must utilize the chain of command. If the next higher level is not available or will not address the concern, the staff member is expected to go to the next higher level in the chain of command. The staff member can and should continue this process until the issue is resolved or a person in higher authority takes responsibility to resolve the issue. The Chief of Staff and/or Administrator on Call/CEO will have the final decision making authority.

It is the employee's responsibility to continue to provide optimal patient care until the conflict is resolved. The employee should not execute any orders or treatments where patient safety is felt to be in jeopardy.

- B. In the event that the attending, or his/her designated alternate are unavailable in an emergency or needed care is refused by M.D., the following person(s) are to be contacted in the order listed:
- Chairman of the attending physician's department, Resident Program Director
 - Chief of Staff
 - Administrator On-Call

If the attending physician or the on-call physician cannot be reached and immediate care is necessary, appropriate physician care shall be obtained, such as through the ER physicians, House physicians, Residents, Faculty, physician with privileges or initiate a page overhead to call any physician.

- C. Documentation:

The issue should be objectively documented in the medical record, for example, "Physician notified regarding order, no new orders written. Referral made to Chairman of the Department". The only entry in the medical records should include what steps were taken to rectify the situation. Any other documentation should be made through the Quality Management/Peer Review Process.

II. Administrative Chain of Command:

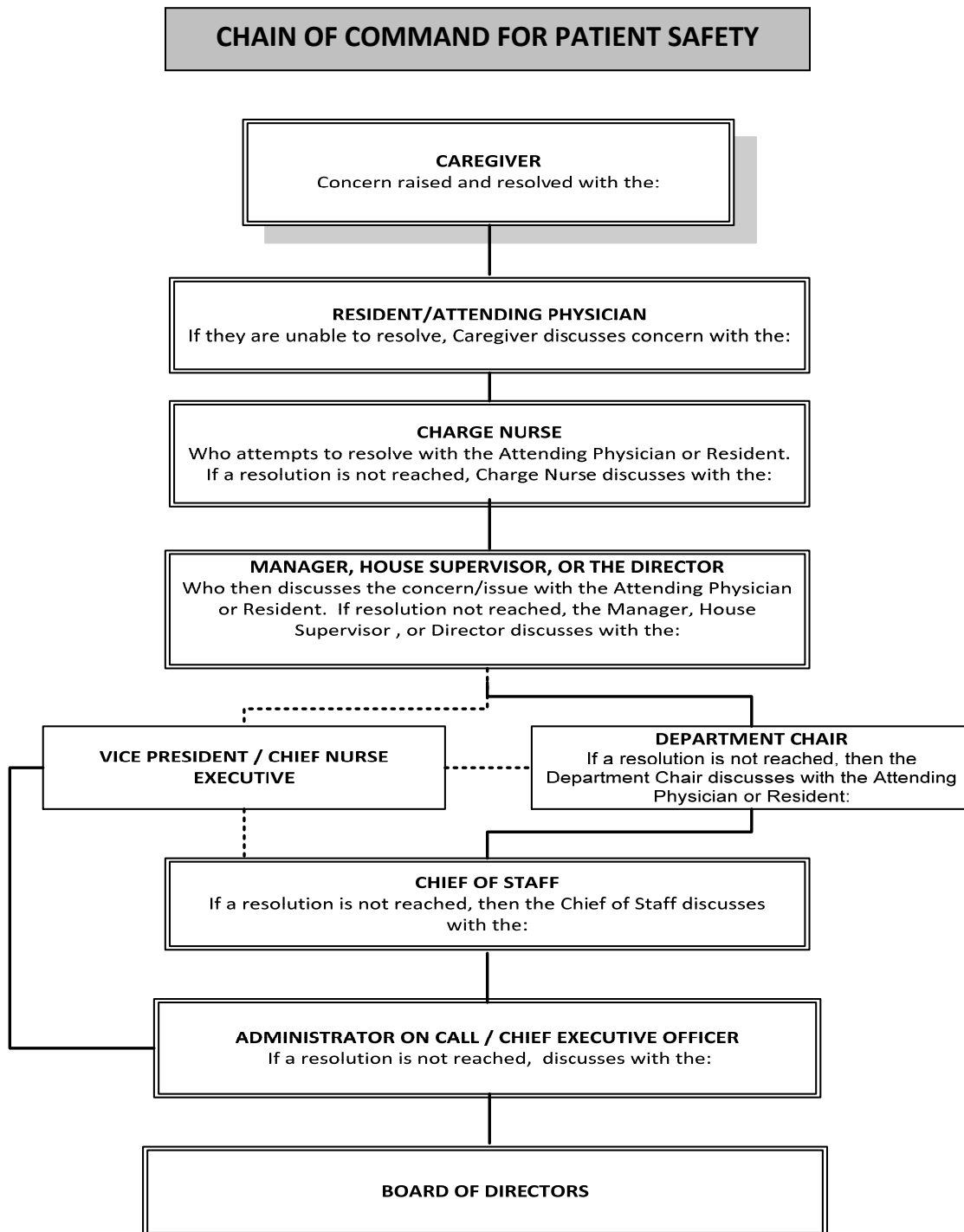
- A. When questions arise about hospital policy, a manager/Director's directive, physician unavailability, unusual occurrences or possible negative patient outcomes occur, the administrative line should be activated at the time the situation is occurring.
- B. It is expected that staff will document and follow the communication steps until satisfactory resolution of a problem is achieved. In the case of an emergency, steps may be bypassed as needed.
- C. Should the issue involve patient care documentation, the issue should be objectively documented in the medical record, for example, "Physician notified regarding order, no new orders written. Referral made to Chairman of the Department." The only entry in the medical

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record should include what steps were taken to rectify the situation. Any other documentation should be made through the Quality Management/Peer Review Process.

There will be no retaliatory actions by staff or physicians when the chain of command is initiated or a disagreement with a physician is brought to appropriate attention. Satisfactory resolution of the issue should be communicated to the caregiver originating the concern.

Standard / Reference & Year:	<ul style="list-style-type: none">• Administrative Policies 2005• Risk Management – Occurrence Report• Administrator On-Call Policy and Procedure
Rationale for Revision:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Update <input type="checkbox"/> Consolidation
Author(s) & Department(s):	Vice President and Chief Nurse Executive; Director, Risk Management
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If there is a resolution at any step, notify **Caregiver** of outcome