

# Chain of Command for Patient Safety Event

**This Policy is Applicable to the following sites:**

Gerber

<b>Applicability Limited to:</b>	N/A
<b>Reference #:</b>	11834
<b>Version #:</b>	2
<b>Effective Date:</b>	10/29/2015
<b>Functional Area:</b>	Administrative Operations, Clinical Operations

**1. Purpose**

To outline the channel for communication that should be used when:

- There are clinical concerns between two parties regarding a patient's care, treatments and/or discharge process.
- A health care team member witnesses or is the subject of inappropriate or unprofessional behavior by any member of the health care team and there is a direct impact on the care of the patient.

The goal is to identify a timely resolution to the clinical or non-clinical concerns that is placing the patient at risk.

**If at any time the patient has an immediate clinical care need or requires urgent evaluation to address a change in medical condition while the chain of command is being activated, STOP and implement a Rapid Response Team or initiate a cardiac arrest code.**

**2. Responsibilities**

All Clinical Staff and providers

**3. Policy**

Any employee or member of the medical staff can initiate the Chain of Command Policy if he/she believes an intervention is required to assure patient, staff or visitor safety (Appendix A, Appendix B and Appendix C).

- I. Communication model to use:  
Support the team——Speak up for safety using ARCC
  - A. Ask a question
  - B. Make a Request
  - C. Voice a Concern
  - D. If unsuccessful, use the Chain of Command
  
- II. Clinical Concerns
  - A. Examples of Clinical Concerns, but not a complete list:
    1. Lack of addressing a clinical issue.
    2. Lack of response to a request to clarify a treatment plan or initiate care.



3. No response to pages or phone calls when patient condition is declining or critical test/lab results are found.
4. Patient scheduled to be discharged, unable to discharge due to change in provider.
5. Concern that a patient is not receiving appropriate treatment.
6. Failure of medical staff to examine a patient when requested based on a change in the patient's condition.
7. Concern that a caregiver i.e. physician, nurse, advanced practice (APP) provider or other care provider is practicing outside the scope of his/her granted privileges, scope of licensure or job description.

B. Process for Initiating the Chain of Command for Clinical Concerns:

1. Step One:
  - a. The direct care provider starts with "I have a concern" with the attending, consultant, or APP who has been prescribing the treatment/intervention.
  - b. If it is not known who is taking call for the individual at the time of need, the direct care provider will reference the on-call schedule if available.
2. Step Two:
  - a. When there is not a timely response to initial call or issue(s) remains unresolved, the direct care provider will communicate clearly with the house supervisor or clinical manager.
3. Step Three:
  - a. If the concern(s) are not resolved at step 1 and 2 notification to the following roles progressively (concurrent notifications to the administrative and medical staff structures may occur) will occur until the concern that triggered the chain of command is resolved/addressed:
    - Clinical Manager
    - Chief Nursing Officer/Director
    - Department Chief
    - Chief of Staff
    - Patient Safety/Risk Manager
    - Administrator On-Call

III. Inappropriate or Unprofessional Behavior

- A. Examples of inappropriate or unprofessional behavior, but not a complete list:
  1. Harassment/Intimidation (Refer to Spectrum Health Human Resources Harassment Free Workplace Policy and Spectrum Health Gerber Memorial Medical Staff Conduct Policy).
  2. Appearance of an impaired care giver (i.e. physician, nurse, advanced practice provider, licensed or unlicensed caregiver staff, etc). (Refer to Spectrum Health Human Resources Professional Conduct.)
- B. Process for Initiating the Chain for Inappropriate or Unprofessional Behavior
  1. Step One:
    - a. The staff member will contact their unit leadership.
    - b. Unit leadership will support the team by interacting with the individual displaying the inappropriate or unprofessional behavior.
    - c. Every time the Chain of Command process is used an electronic safety report should be completed and submitted to the Risk Management Department.
- C. In the event that outside law enforcement needs to be contacted for intervention, the following should be consulted in advance: Risk Management, Security and the Administrator On Call.
- D. Disciplinary action or retaliation for initiation and/or inappropriate comments for utilization of the Chain of Command will not be tolerated and should be reported to Human

Resources and/or the Patient Safety and Quality Department for the medical staff providers for appropriate investigation and follow-up.

**4. Revisions**

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

**5. Policy Development and Approval**

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**Approver:**

Gerber Medical Staff approved on 9/4/15  
Gerber Medical Executive Committee approved on 8/21/15  
Janice Stone (VP, Clinical Integration)

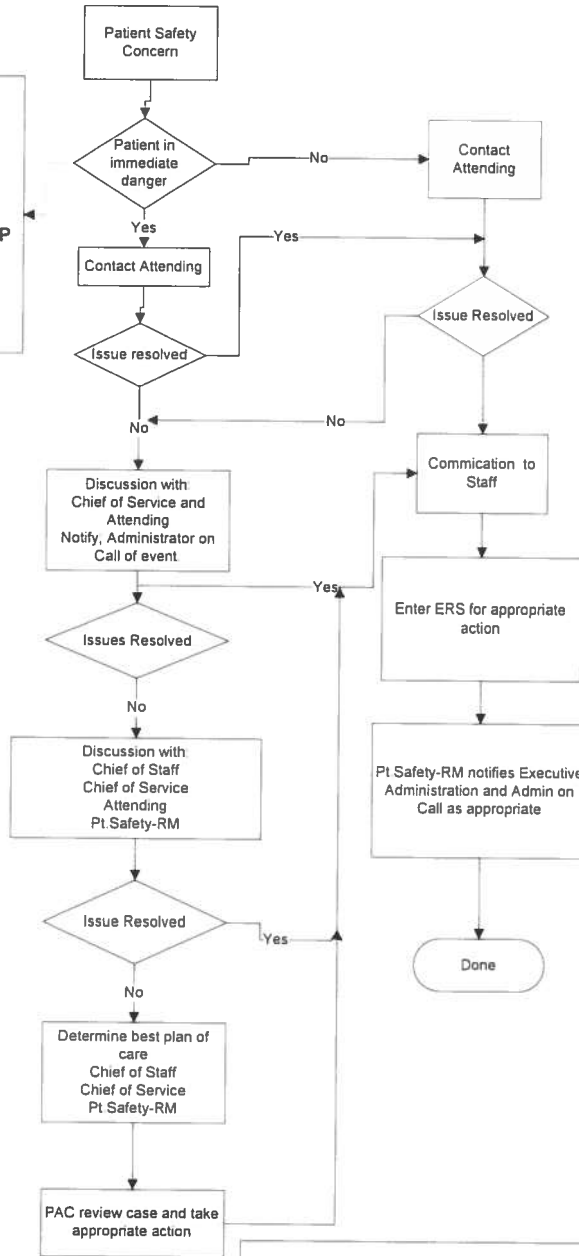
**6. Keywords**

Communication, Safety

**SHGM CHAIN OF COMMAND  
FOR  
PATIENT SAFETY CONCERN**

June 9,  
2017  
(Appendix A)

If at any time the patient has an immediate clinical care need or requires urgent evaluation to address a change in medical condition while the chain of command is being activated, STOP and implement a Rapid Response Team or initiate a cardiac arrest code.



**Chiefs of Services:**

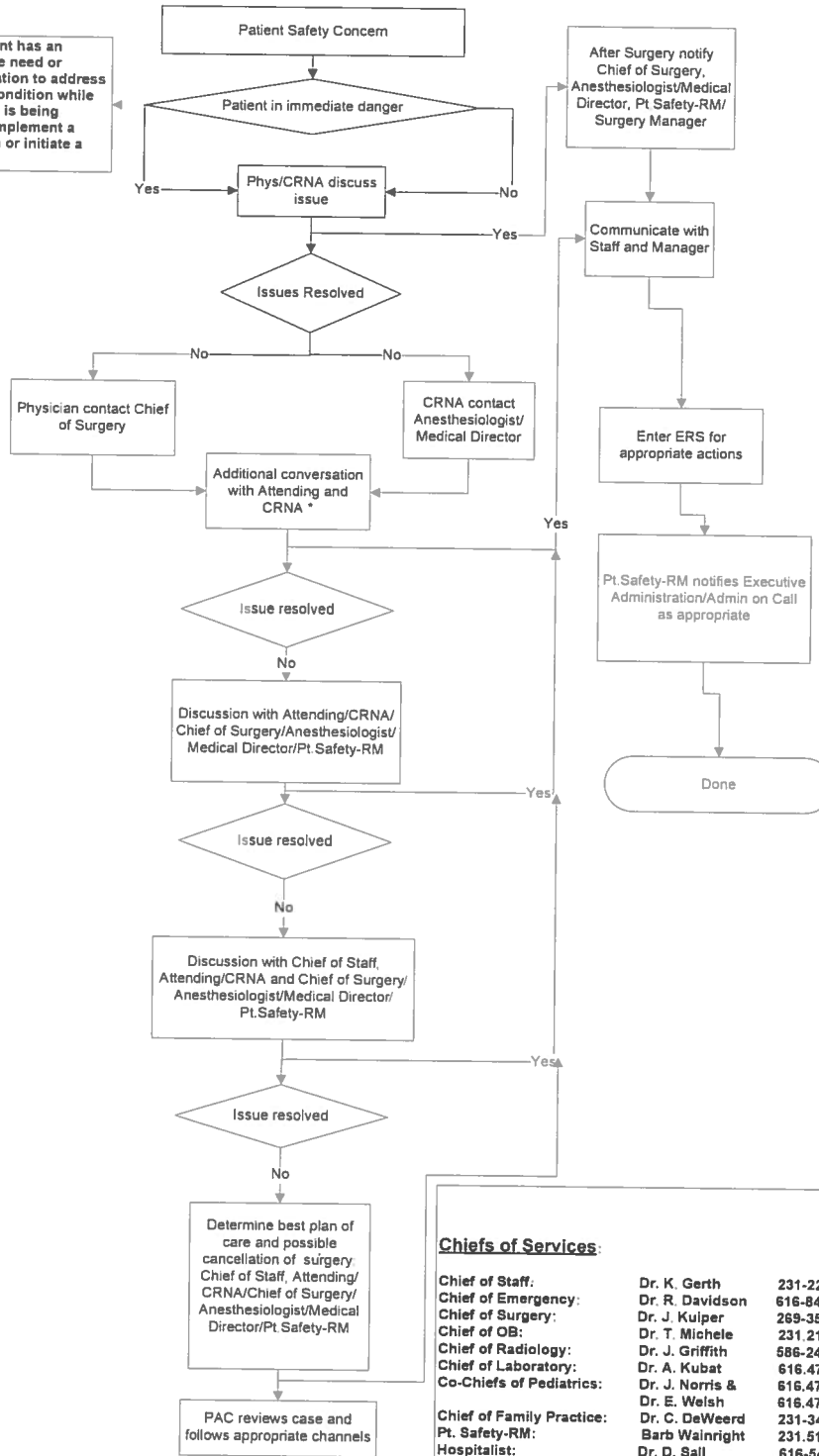
Chief of Staff:	Dr. K. Gerth	231-225-5120
Chief of Emergency:	Dr. R. Davidson	616-843-5797
Chief of OB:	Dr. T. Michele	231.215.8715
Chief of Radiology:	Dr. J. Griffith	586-242-7155
Chief of Laboratory:	Dr. A. Kubat	616.479.7721
Co-Chiefs of Pediatrics:	Dr. J. Norris & Dr. E. Welsh	616.478.3668 616.478.0020
Chief of Family Practice:	Dr. C. DeWeerd	231-349-0004
Pt.Safety-RM:	Barb Wainright	231.519.4804
Hospitalist:	Dr. J. Sall	616-540-5261
Lead CRNA	Mike Zeller	616.478.8004
Medical Director Of Anesthesia	Dr. Brad Johnson	517-281-8040

**SHGM CHAIN OF COMMAND  
FOR  
SURGICAL PATIENT SAFETY CONCERN**

June 9,  
2017

(Appendix B)

If at any time the patient has an immediate clinical care need or requires urgent evaluation to address a change in medical condition while the chain of command is being activated, STOP and implement a Rapid Response Team or initiate a cardiac arrest code.



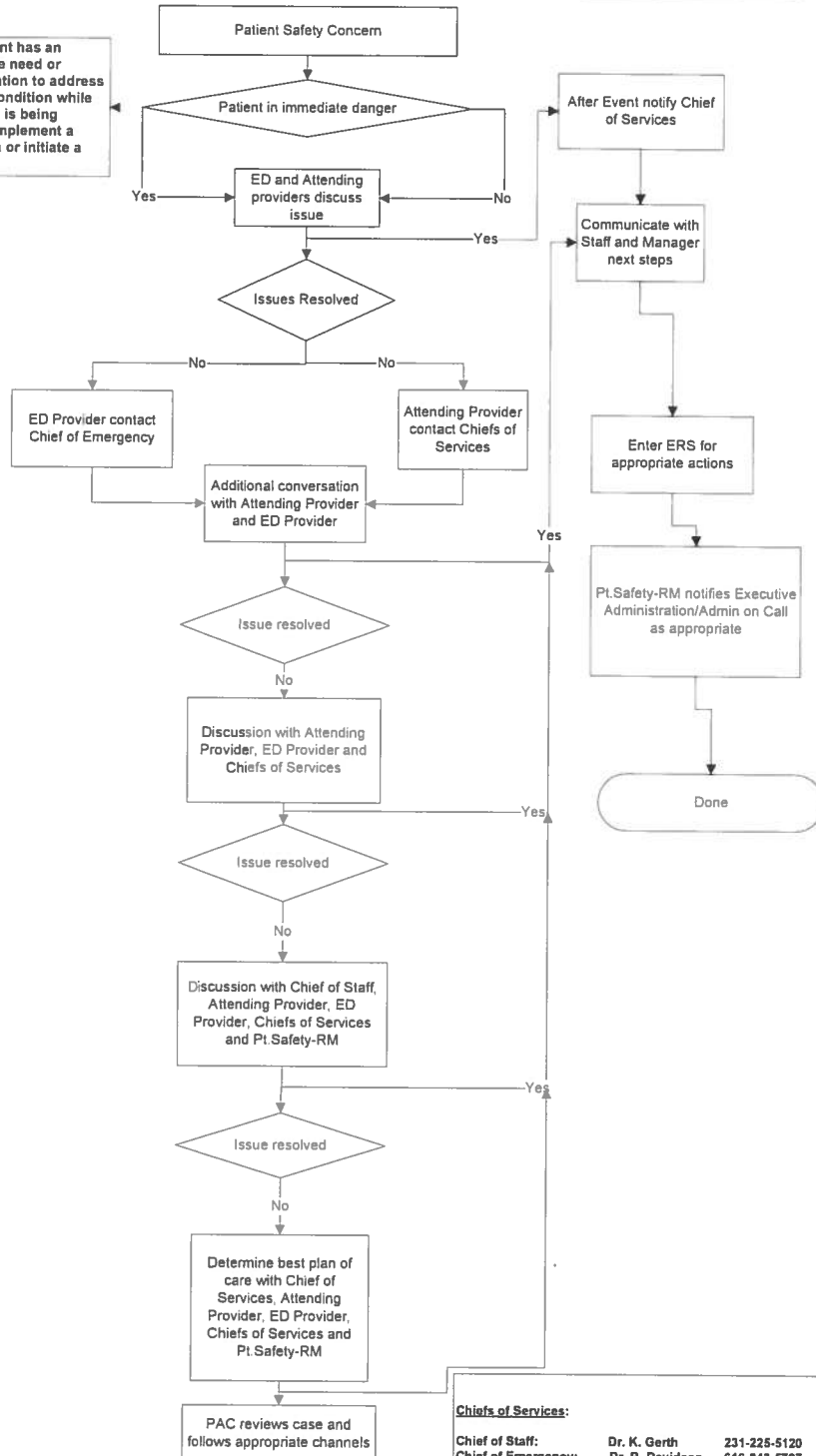
**Chiefs of Services:**

<b>Chief of Staff:</b>	Dr. K. Gerth	231-225-5120
<b>Chief of Emergency:</b>	Dr. R. Davidson	616-843-5797
<b>Chief of Surgery:</b>	Dr. J. Kulper	269-352-8949
<b>Chief of OB:</b>	Dr. T. Michele	231.215.8715
<b>Chief of Radiology:</b>	Dr. J. Griffith	586-242-7155
<b>Chief of Laboratory:</b>	Dr. A. Kubat	616.478.3668
<b>Co-Chiefs of Pediatrics:</b>	Dr. J. Norris & Dr. E. Welsh	616.478.0020
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## SHGM CHAIN OF COMMAND FOR ADMISSION/OBSERVATION PROCESS PATIENT SAFETY CONCERN

June 9,  
2017  
(Appendix  
C)

If at any time the patient has an immediate clinical care need or requires urgent evaluation to address a change in medical condition while the chain of command is being activated, STOP and implement a Rapid Response Team or initiate a cardiac arrest code.



Chiefs of Services:		
Chief of Staff:	Dr. K. Gerth	231-225-5120
Chief of Emergency:	Dr. R. Davidson	616-643-6797
Chief of OB:	Dr. T. Michele	231.215.8715
Co-Chiefs of Pediatrics:	Dr. J. Norris	616.478.3668
	Dr. E. Welsh	616.478.0020
Pt.Safety-RM:	Barb Wainright	231.519.4804
Hospitalist:	Dr. J. Sall	616-540-5261
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