POLICY

The Valley Health System℠

Title: Escalation/Chain of Command

Location: Centennial Hills, Desert Springs Hospital, Henderson Hospital, Spring Valley, Summerlin, Valley Hospital	**Policy Number:**	**Page:** 1 of 5
Department of Document Owner: INSURANCE - 90230		
Original Effective Date: 2/2015	**Last Review Date:**	**Last Revision Date:** 1/2018
Section: Administrative (HW)-HR		

I. Scope:
All Acute Care Division employees and contracted staff

II. PURPOSE:
A. To implement a written policy for the use of the chain of command within the Hospital and for complying with safe standards of care when carrying out orders and/or treatments to our patients. The purpose of escalation and initiating the chain of command is to resolve problems/concerns related to patient care, to clarify a care management plan, to obtain a necessary patient care intervention, to provide for patient advocacy, to support patient safety by maintaining the standard of care and/or to support risk management by mitigating liability exposures.

III. Qualified Personnel:
A. Persons who are employed by or contracted with [Facility].

IV. Definitions:
A. Escalation: the communication of problems/concerns to a higher level of authority while continuing to maintain accountability for a satisfactory resolution.

B. Chain of command: a hierarchy of authority in which each rank is accountable to the one directly superior.

V. Policy:
The hospital is committed to providing safe, quality patient care. Any employee or medical staff member who identifies a problem with regard to patient care and is unable to resolve it should escalate the issue to successively higher levels of authority (Chain of Command) until a satisfactory resolution is achieved. All employees and contracted employees shall be empowered to invoke this procedure in furtherance of patient safety and the organization's mission and goals. It is the responsibility and the obligation of the executive team to support staff members to speak up when they witness or have knowledge of actions which could adversely impact patient safety. The individual should convey his/her concern using an assertive stop-the-line CUS communication

- **C**oncerned: "(name of the individual), I am concerned
- **U**ncomfortable: I am uncomfortable (succinctly explain the issue/problem)
- **S**afety: I feel this is a safety issue and we should (propose a solution in a clear and concise manner)

EXAMPLE-Dr. Smith is an Anesthesiologist in the operating room.
"Dr. Smith, I am concerned. I am uncomfortable that everyone isn't focusing on the circulator for time out. For the safety of the patient, can you please stop checking your machines and participate in the time out."

Should the issue continue without resolution, repeat the steps above or ask a colleague to help convey the concern (Two – Challenge Rule). If after two attempts the issue is not resolved, escalate the concern/problem up the chain of command. Refer to appendix --- for the escalation algorithm and acceptable time interval.

B. Responsibilities of Initiating Staff:

1. Make certain that all necessary information is available to be reported. This includes but is not limited to all vital signs, assessment findings (i.e. Modified Early Warning Score (MEWS), $EtCO_2$, etc), medications, critical values, and appropriate chart information. If the primary nurse/healthcare team member placing the call will be absent, all information necessary is to be communicated to the practitioner by the charge nurse, supervisor, or other responsible staff member.
2. Contact the physician or licensed independent practitioner (LIP).
3. Information is transmitted to a practitioner by a staff member who can receive appropriate orders, and requested orders or proposed solutions are discussed in a professional, respectful manner.
4. Escalate the problem/concerns if unresolved and continue to communicate, follow up, and escalate in a professional, respectful manner until satisfied with the resolution.

C. The Chain of Command/Escalation is an administrative process, which is promoted by the executive team, and utilized to resolve clinical patient care issues. This ensures that:

1. The appropriate people are aware of the situation;
2. Issues progress from the level closest to the event and move up as the situation warrants; and
3. Further information can be obtained which may result in resolution of the issue, thus contact information of the reporting personnel is essential.

D. Clinical Situations often involve judgment, which at times may differ among caregivers. However, caregivers have a duty to advocate for the patient through the organizational chain of command when they believe that a practitioner is unresponsive to concerns about the patient's condition or is making decisions that would be detrimental to the patient's well-being. Because [Facility] places patient well-being above all else, retaliation against anyone who invokes Chain of Command procedures is prohibited.

E. The Chain of Command/Escalation procedure can vary depending on the potential or immediate possibility of patient harm. In an emergent situation (e.g. deterioration of patient clinical status), movement through the chain of command should occur more rapidly, and the person(s) contacted may vary depending on the nature of the circumstances and patient condition.

F. The House Supervisor is the on-duty administrative representative for the hospital. Any staff member may contact the House Supervisor for assistance. In addition, there is an Administrator on-call; the schedule is posted on the hospital intra-net.

G. The Hospital Chain of Command is as follows:

1. The Charge Nurse or designated lead of the unit/department
2. The House Supervisor
3. The unit/department Manager/Director
4. The Chief Nursing Officer or designated administrator-on-call
5. The Chief Executive Officer and the Chief Medical Officer

H. The Medical Staff Office will ensure that the current listing of Medical Staff Officers and Department Chairs is posted in the hospital intra-net and available to all hospital employees and contracted staff. The Medical Staff Chain of Command is as follows:

1. The Department Chair of the involved provider.
2. In the Absence of the Medical Staff Department Chair, the Vice-Chair will be contacted.
3. In the Absence of the Vice-Chair, the Chief of Staff will be contacted.
4. In the absence of the Chief of Staff, the Vice Chief of Staff (Chief of staff Elect) will be contacted.
5. The Chief Executive Officer, Regional Chief Medical Officer and Hospital Chief Medical Officer.
6. Chair of the Board of Governors

VI. PROCEDURE:

A. Qualified personnel who encounter a patient care problem/concern, which, in their judgment, could be detrimental to the patient, MUST initiate the Chain of Command. Such issues include but are not limited to:

1. Physician orders (incomplete, conflicting, illegible)
2. Patient decline or worsening status
3. Interpersonal effectiveness (patient care and treatment)
4. Advanced Directive issues
5. Timeliness of physician response
6. Any event that does not meet established guidelines
7. Any event that places the patient at risk

B. If there is a significant change in patient condition based upon findings during the physical assessment; the attending and possibly, consultants must be made aware of these changes immediately following identification. Condition changes requiring notification of the physician include, but are **not limited** to:

1. MEWS ≥ 4
2. Unanticipated decline in level of consciousness
3. Adverse outcome to treatment rendered
4. Signs of bleeding or infection
5. Continued decline in patient condition
6. The orders initially received do not resolve the patient's condition

C. Notify the appropriate physician. If uncertain, call the attending. Document physician notification in the appropriate fields in the EMR. Allow a reasonable time for physician response unless the patient condition is such that more rapid response is indicated. Refer to Appendix A for acceptable response time intervals. If rapid response is indicated, call for the Rapid Response Team and call the physician "STAT" and document the notification in the medical record. At any point in the

escalation process, if imminent patient harm or rapid decompensation is identified, activate the Rapid Response Team or Code Blue regardless of patient location.

D. If no response has been received, another communication is to be initiated promptly and documented in the medical record.

E. If there continues to be no response the hospital staff is to initiate the Chain of Command to include the following: immediate supervisor/manager or Charge Nurse, House Supervisor, Unit/Dept Manager/Director/, CNO or administrator on call. The initiation of the Medical Staff chain of command will be determined by the hospital chain of command. (Refer to Appendix A)

F. After contacting the involved physician, if the qualified personnel remain concerned that the physician's response and/or orders are insufficient he/she must contact their immediate supervisor. An action plan will be mutually agreed upon to address the concern and the supervisor will maintain an open line of communication with the reporting personnel. An on-line incident report will be completed by the reporting personnel. If an agreeable action plan is unable to be reached, the reporting personnel may escalate the problem/concern to the next administrator in the chain of command.

G. The immediate supervisor/manager or charge nurse will investigate the situation as determined by the agreed upon action plan and may contact the involved physician.

H. If the supervisor/manager/charge nurse pursues the issue with the involved physician and satisfaction is not obtained, they will contact the appropriate department director, or their designee, the CNO, the Risk Manager if necessary or the Administrator on call. After being informed of the facts, a decision will be made to call, in the following order:

1. Another physician in the same practice if possible
2. The Section Chair (OB, Peds, Anesthesia, etc.)
3. The Department Chair (Medicine, Surgery, Clinical Services)
4. The Chief of Staff or the Vice Chief of Staff in his absence

I. The appropriate Department Chair or Chief/Vice-Chief of staff will evaluate the clinical information provided and determine the course of action for patient care management.

J. Documentation

1. Documentation in the medical record will include a timed entry for each attempt to contact the attending or consulting physician, the identity of the physician, exactly what information was conveyed, his/her responses, orders received and carried out, notification of any other individual in the chain of command (Medical Directors, Medical Staff Department Chairs, Vice Chairs, and the Chief or Vice Chief of Staff) and his/her responses (as appropriate).
2. An Event notification will be completed and forwarded to Risk Management when a chain of command is implemented.

VII. REFERENCES:

A. Risk and Quality Management Strategies, ERCI Bulletin September 2004.

B. Brock, D., et al. (2013). Interprofessional education in team communication: working together to improve patient safety. BMJ Quality & Safety. 22(5):414-423, May 2013.

C. Fujita, L. and Hang, S (2015). EB48 Empowering Nurses to Use a Chain-of Command Algorithm to Decrease Failure-to-Rescue Events. Critical Care Nurse. 35 (2): e22. April 2015.

D. Sheppard, F., Williams, M., and Klein, V. (2013). TeamSTEPPS and patient safety in healthcare. Journal of Healthcare Risk Management. 32(3):5-1

Escalation Chain of Command Algorithm