

CHRISTUS Santa Rosa Health System Medical Staff Chain of Command Process 2021

Definition:

Chain of Command (COC) – Authoritative structure established to resolve administrative, clinical, or other patient safety issues. The Chain of Command allows clinicians to present an issue of concern through the lines of authority until a resolution is reached.

Communication of Concerns:

A. The majority of questions or concerns regarding a patient care issue or communication challenge with a Medical Staff Member should be resolved between the Associate and the Medical Staff Member in a professional manner. For this reason, Associates are encouraged to first collegially address their concerns with the Medical Staff Member in an area to preserve the confidentiality of the discussion.

B. If the practitioner cannot be contacted or if there are continued concerns, the Associate will gather the pertinent information from the medial record, patient care data, hospital policy/guideline and:

1. Notify his/her supervisor (Charge Nurse, Clinical Director or Administrative Director) to assess the situation and resolve the issue OR.

2. Notify the House Supervisor to assist in resolving the issue if their supervisor is unavailable.

3. The House Supervisor will contact the Administrator on Call (AOC) and provide updates on the situation and resolution and/or enlist the AOC's assistance in resolving the situation.

C. If the House Supervisor cannot resolve the concern, the Chain of Command will be implemented as in Appendix A. If there is no resolution at a particular step within the timeframe indicated, the concern will be elevated to the next person:

1. If the practitioner is a Resident: Chief Resident → Attending Physician/Designated On-Call Physician → Section Chief/Department Chair or Chief of Staff/Facility Chief Medical Officer → Ministry Chief Medical Officer/Hospital President

2. If the practitioner is an Allied Health Professional: Allied Health Professional's Sponsoring Physician/Designated On-Call Physician → Section Chief/Department Chair → Chief of Staff/Facility Chief Medical Officer → Ministry Chief Medical Officer/Hospital President

3. If the practitioner is a Consulting Physician: Admitting/Attending Physician → Section Chief/Department Chair or Chief of Staff/Facility Chief Medical Officer → Ministry Chief Medical Officer/Hospital President

4. If the practitioner is the Admitting/Attending Physician: Section Chief/Department Chair or Chief of Staff/Facility Chief Medical Officer → Ministry Chief Medical Officer/Hospital President

D. If the issue reaches the Chief Medical Officer and/or the Chief of Staff or their designee, they shall evaluate the situation to identify the appropriate solution and may use Medical Staff documents to help guide a resolution.

E. If two or more Medical Staff Members involved in the care of the patient cannot agree on the care of the patient, they shall contact their Section Chief or Department Chair to resolve the concern.

F. If the Section Chief/Department Chair is unable to resolve the concern, they may contact the Chief of Staff and/or the Facility Chief Medical Officer to evaluate the situation and identify the appropriate solution.