



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: CHAIN OF COMMAND

POLICY NO. 232

CATEGORY: Medical Staff	EFFECTIVE DATE: 2/02
POLICY CONTACT: Ruth Bala, RN	UPDATE/REVISION DATE: 10/22
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To provide a process to address and resolve concerns related to patient care, patient care operations, and other issues to maintain community standards of patient care.

DEFINITIONS:

Escalation: The communication of concerns to a higher level of authority while continuing to maintain accountability for patient care issues or concern resolution.

Chain of Command: An administrative hierarchy in which each rank is accountable to the one directly superior.

POLICY:

1. All staff are empowered to follow chain of command to further patient safety and advocacy.
2. All staff shall escalate any unresolved issues concerning patient care, safety, and operations by following the chain of command. See Addendum A for examples.
3. Staff shall notify a medical provider regarding patient care issues or other concerns, including critical laboratory, radiologic, and other results.
 - a. If a provider does not respond; the issue shall be escalated up a defined medical staff chain of command.
4. Staff shall follow chain of command for operational concerns that may impact patient care if unresolved.
5. Staff shall continue escalating unresolved issues until satisfactory resolution had been achieved.

PROCEDURE:

1. Attempt to resolve issues or concerns collegially and professionally first.
2. Contact immediate supervisor and request assistance when problems/conflicts related to patient care or disputes between staff cannot be resolved.
 - In the case of medical staff providers, it is expected that the general chain of command is as follows:

REVISED: 2/06, 8/10, 4/17, 6/21, 10/22
REVIEWED: 10/04, 2/06, 8/10, 4/17, 6/21, 10/22

APPROVED BY: _____
Anish Mahajan, MD
Chief Executive Officer
Chief Medical Officer

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Jason Black, MBA, DNP, RN
Chief Nursing Officer



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1. Primary intern, resident, or allied health provider assigned to the patient or who ordered the diagnostic test
 2. Senior or chief resident on-call
 3. Fellow on-call, if applicable
 4. Attending physician on-call or responsible provider f, as appropriate
 5. Service/Division Chief
 6. Department Chair or his/her designee
 7. Chief Medical Officer or his/her designee
- For nursing:
 1. Charge Nurse
 2. Nurse Manager
 3. Nursing Staffing/Operation Supervisors
 4. Clinical Nursing Directors
 5. Chief Nursing Officer
 - For Allied Health and Others
 1. Shift Supervisors
 2. Departmental manager

Special Circumstances

1. A particular issue may require direct communication to a higher-level physician, as in cases where the patient experiences something that is on the Mandatory Must Call Attending list found in DHS Policy 310.2 "Supervision of Post-Graduate Medical and Dental Trainees (Residents)" section B.
 - a. In instances in which a conflict involving patient care arises, the issue must be elevated to the attending level or higher as early as possible.
2. For emergency or time-sensitive concerns, staff continues to escalate to the next level until satisfactory resolution is achieved.
 - a. Follow established time frames delineated in policies or reasonable time frames that do not further compromise patient safety.
3. Any employee grievances shall follow appropriate Human Resources process and will not be covered in this policy.
4. During off hours, weekends, or holidays, staff notify on-call administrative personnel first.

Documentation

- a. Document every escalation communication of patient care issues in the electronic medical record. With every escalation, documentation includes:
 - Reason and details for escalation
 - Ability to contact provider (Yes or No)
 - Who was notified
 - Date and Time
 - If message was left for provider
 - Date and time provider responded
 - If providers called back, interventions ordered



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**ADDENDUM A
REASONS FOR ESCALATION**

The following is not an exhaustive list:

Patient Care Concerns

- Questions are raised related to patient safety or quality of care
- Clarification of patient care management
- Provider has not responded in a timely manner to a patient condition, critical lab value or diagnostic results, or any other event(s)
- When there is reasonable cause to question or disagree with an order or care being rendered by providers
- In situations where healthcare staff act inappropriately, and the issue raised may present an immediate risk to the patient
- Unprofessional behavior of healthcare staff, or exhibiting signs of impairment that may jeopardize patient care
- Advance Directives or Do Not Resuscitate status concerns

Patient Care Operation

- Immediate need for supplies or equipment, that if not obtained or replaced, will harm patients