# Escalation Chain of Authority Involving Patient Care Issues of Concern Policy

**Policy Owner: Manager, Nursing Regulatory Program & Patient Safety, Clinical Quality Excellence**

## POLICY STATEMENT

The purpose of this policy is to escalate concerns for ensuring safe, quality patient care. Team members are obligated to work toward resolution of identified real and potential problems within the system that may affect patient care. If the team member is unable to resolve such issues independently, the team member is obligated to present the issue of concern in a timely manner to successively higher levels of command until a satisfactory resolution is achieved.

## AFFECTED STAKEHOLDERS

*Indicate all entities and persons within the Enterprise that are affected by this policy:*

☒ Hired Staff
☒ Housestaff/Residents & Clinical Fellows
☒ Leased staff
☒ Medical Staff (includes Physicians, PAs, APNs)
☒ Vendors/Contractors
☐ Other:

## DEFINITIONS

**Attending Physician:** the MD/DO who is responsible for the management and care of the patient and the supervision of medical students, interns, and residents that may participate in the patient's care.

**Chain of Command (COC):** in healthcare refers to an authoritative structure established to resolve administrative, clinical, or other patient safety issue by allowing healthcare clinicians to present an issue of concern through the lines of authority until a resolution is reached. **(See Appendix A- COC Communication of Patient Care Concerns.)**

**Delayed response:** a response that is not received from practitioner in accordance with established time limits for resolution of a routine, urgent, or emergent issue.

**Generational issues:** differences in attitudes, beliefs, work habits, and expectations.

**Initiation of the Chain of Command:** an administrative method that is in place to resolve clinical patient care issues.

**MEWS (Modified Early Warning System):** an early warning scoring system that alerts the healthcare team of changes in an adult patient's clinical parameters.

**PEWS (Pediatric Early Warning System):** an early warning scoring system that alerts the healthcare team of changes in a pediatric patient's clinical parameters**.**

**Risk Reduction Strategies:** can have an impact on decreasing the need to initiate the COC.

**Team Member:** all licensed and unlicensed personnel participating in the care and treatment of the patient.

## PROCESS & PROCEDURES

I. Risk reduction strategies include, but are not limited to:

   A. Training of key personnel in conflict resolution techniques
   B. Talking directly with the staff member or provider at the time of concern in a discrete area away from the patient's bedside
   C. Arrange for support during discussion with the staff member or provider
   D. Review of policy or procedure with staff member or provider
   E. Just in time education, as appropriate

II. Reasons to initiate the COC include, but are not limited to the following examples:

   A. Conflicts
   B. Refusal to adhere to established policies or procedures
   C. Delayed response
   D. Any team member who expresses a concern, is uncomfortable in a situation, and/or identifies a potential or actual safety issue. Nurses may refer to the GA Board of Nursing Scope of Practice Decision Tree – See Attachment A.
   E. Impairment of a coworker
   F. Disruptive behavior of a team member
   G. Communication issues that interfere with patient and family care. Examples of barriers to communication include, but are not limited to:
      1. Complexity of care
      2. Clinical responsibility
      3. Language differences
      4. Generational issue
      5. Personal values and expectation
      6. Personal differences
      7. Disruptive or escalation behavior
   H. Specific Health Care Issues

1. Routine Issues-Issues of concerns which require contact with the practitioner within 15 minutes, e.g., any issue if intervention is delayed beyond 15 minutes poses no urgent or emergent issue for the patient.
2. Urgent Issues- Issues of concern which require contact with the practitioner within 10 minutes**,** e.g., any issue if intervention is delayed beyond 10 minutes may place the patient at risk of injury, a worsened condition, or discomfort. These issues are not considered emergent.
3. **Emergent Issues**-Issues of concern which require contact with the practitioner **immediately, but not to exceed 5 minutes**, e.g., any issue if intervention is delayed beyond 5 minutes poses an immediate threat to the patient's life or loss of limb or function.

III. Initiating the COC:

A. When a team member is aware of a potential or actual issue of concern, the team member is accountable for:
   1. Making attempts to prevent or resolve the issue of concern (within their scope of responsibility/practice)
   2. Initiating the COC if he/she is unable to resolve the issue of concern
   3. Continuing to escalate the matter until the issue of concern has been addressed to satisfaction

B. Order of Escalation- Medical Issues
   1. Resident
   2. Attending Physician or designated call coverage physician
   3. Clinical Service Chief
   4. Chief Medical Officer (CMO) **and** Risk Manager (as directed by CMO) **and** Administrator-on-call (as directed by CMO)

C. Order of Escalation- Nursing Issues
   1. Staff member
   2. Charge Nurse
   3. Unit Manager
   4. Nursing Supervisor
   5. Chief Nursing Officer/Nursing Administrator-on-call Designee

D. Any Nightshift (1701-0759) or Weekend Dayshift (0800-1700)
   1. Staff Member
   2. Charge nurse
   3. Nursing Supervisor
   4. Nursing Administrator-on-call Designee

**NOTE: In the event the issue of concern is with an immediate supervisor, a level of command may be passed over to the next level on the COC.**

IV. For any instance that requires notification using the COC:

A. Gather appropriate patient information or data that will assist you in the presentation of

the patient needs/issues
B. State your name, title, and patient's name (if applicable)
C. State your issue clearly and concisely
D. Clarify any questions you might have regarding the treatment plan/action plan

V. Ethical Issues

A. Anyone involved in the care of the patient, including the patient and/or his/her representative, may contact the Ethics Committee by calling 1-7475.

VI. The team member will document notifications and attempts to notify along with pertinent information as appropriate in the medical record.

VII. If the incident requires the COC process, a Safety Online System report regarding the incident and notification attempts will be completed by team member/designee.

VIII. Guidelines for Issues with Credentialed Medical Provider:

A. If an issue of concern or conflict arises in a patient care area between staff nurse or other team members and the patient's physician, direct communication by the staff nurse to the patient's physician should take place first. This conflict should be discussed in a discrete area away from the patient.

B. Examples of when the COC may be utilized includes, but are not limited to:
1. When provider orders are unclear (only after the ordering provider is asked for clarification)
2. In instances where a provider has not responded in a timely manner to a deteriorating patient condition. In this situation, timely is defined by the staff nurse based on patient
3. In instances where the patient is on PEWS or MEWS protocol, defined interventions in those protocols can be followed. (Refer to MEWS- Appendix B or PEWS-Appendix C for the Deteriorating Patient.)
4. When the nurse's assessment of the patient varies significantly from the physician's assessment
5. In situations where impairment of a provider is suspected
6. In clinical situations where the nurse or other team members believe the physician has not responded in an appropriate manner to fully address the issues raised that may present an immediate risk to the patient

C. If the issue of concern is unable to be resolved, the team member should follow the COC. (See Appendix A-COC Communication of Patient Care Concerns.)
D. Credentialed Medical Provider issues shall be handled in accordance with Medical Staff bylaws.

## REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS

Attachment A - Georgia Board of Nursing Scope of Practice Decision Tree

Attachment B - MEWS Protocol

Attachment C - PEWS Protocol

Attachment D – MEOWS Protocol

Agency for Healthcare Research and Quality (AHRQ). (2019). *Patient safety primers: Rapid Response Systems, AHRQ Patient Safety Network PSNet.* Retrieved from https://psnet.ahrq.gov/primers/primer/4/rapid-response-systems.

Georgia Board of Nursing. (n.d.). *Scope of practice decision tree*. Retrieved from http://sos.ga.gov/PLB/acrobat/Forms/38%20Reference%20-%20Scope%20of%20Practice%20Decision%20Tree.pdf

The Joint Commission Accreditation Manual (Jan. 2019) Patient Safety Systems Chapter. Retrieved from https://e-dition.jcrinc.com

National Patient Safety Foundation (NPSF). (2015). *Role of the patient advocate*. Retrieved from http://www.npsf.org/default.asp?page=patientadvocate

## RELATED POLICIES

Medical Staff Bylaws

Medical Staff Code of Professional Conduct Policy

Rules of Conduct Policy

Code Blue Policy

Rapid Response Team (RRT) and Pediatric Evaluation Team (PET) Policy