



**Policy: Chain of Command**

Page 1 of 2	REVIEWED DATES	REVISED DATES
<b>APPROVED BY:</b> SVP of Patient Care	<b>2/11/11</b>	9/6/11
<b>APPROVED BY:</b> President, LibertyHealth		
<b>Administrative Manual Distribution List</b>		

**Chain of Command**

**PURPOSE:**

This document provides guidelines for implementing the chain of command to address clinical/administrative/safety issues and/or breakdowns in communication or behaviors that affect patient care, patient safety, or delays in treatment. Initiating the chain of command ensures that:

- The appropriate people are aware of the situation;
- Issues progress from the level closest to the event and move up as the situation warrants; and
- Accountability is maintained when issues are no longer being managed effectively.

**POLICY:**

1. Any employee may initiate and utilize the next step in the chain of command if clinical, administrative, or safety issues remain unresolved at the preceding step.
2. Resources available to assist with chain of command issues include other personnel, nursing management, and administration. It is imperative that staff who are unable to independently initiate the chain of command when warranted notify their immediate supervisor for further action (e.g., charge nurse, nurse manager, ADN, director, etc.)
3. The steps in the chain of command for each unit/service/clinic will be:
  - a. Staff of the Unit/Service/Clinic involved
  - b. Unit/Service Manager/Charge Nurse on duty (if applicable)
  - c. Assistant Director of Nursing (ADN) (evenings, nights and weekends)
  - d. Department Director or Director of Nursing of the unit/service/clinic involved
  - e. Administrator on Call

**TITLE: Chain of Command**  
**REVIEWED: 2/11/11**

**Admin**

4. The physician chain of command is identified as:
  - a. Resident in charge of the patient/resident on call (if applicable)
  - b. Medical Officer of the Day/Night (if applicable)
  - c. Private Attending, Hospitalist, Faculty Physician of the Service/Clinic Medical Director
  - d. Department/Service Chair (Non-Teaching Contact – Dr. Ratner)
  - e. Vice President of Medical Affairs
  
5. The established chain of command will be followed for any potentially life-threatening or other urgent clinical conditions until all issues have been resolved.
  
6. All steps taken in the chain of command for a clinical issue will be documented in the patient's medical record. Documentation shall include the name of the person contacted, date and time of contact, orders/directions received, and any other pertinent information.

**TITLE: Chain of Command**  
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**Admin**