HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: ORGANIZATIONAL CHAIN OF COMMAND **Effective Date: 1/2013**
Policy Number: 159 **Med Staff:**
Regulation: **Admin:**

I. POLICY

Hardin County General Hospital & Clinic (HCGH) has established an organizational Chain of Command to help guide its employees in communicating all matters concerning facility operations, and to receive quick responses to inquiries, requests for information, and resolution of identified real and potential problems within the system that may affect patient care. HCGH recommends that the CEO, Department Heads and Supervisors maintain an "Open Door" policy for all employees.

II. DEFINITIONS

Authority – the legitimate power of a supervisor to direct subordinates to take action within the scope of the supervisor's position.

Chain of Command (COC) – an unbroken line of reporting relationships that extends through the entire organization that defines the formal decision-making structure. It helps employees know to whom they are accountable, and whom to go to with a problem.

Line Authority – direct supervisory authority from superior to subordinate. Authority flows in a direct chain of command from the top of the HCGH to the bottom.

Open Door Policy – encourages open communication, feedback, and discussion about any matter of importance to an employee. The HCGH open door policy provides the expectation that an employee will address concerns, ideas, or suggestions first with his or her immediate supervisor. If the immediate supervisor is unable to provide solutions, the employee may discuss issues or concerns with the next level of management and/or Human Resources, usually in conjunction with their immediate supervisor. The employee will be asked what steps they have taken to resolve the problem or concern before they approached a higher level supervisor.

III. RESPONSIBILITY

All HCGH & Clinic employees

IV. EQUIPMENT

N/A

V. PROCEDURES

INFECTION CONTROL: N/A

INITIATING THE CHAIN OF COMMAND (COC):

1. A COC establishes a system whereby authority passes down from the higher levels of

administration to the front-line workers. Each employee is accountable to the person who is their direct supervisor (See the Hospital-wide and Departmental Organizational Chart). Open communication between the various levels in a COC is essential to the successful operation of HCGH.

2. When an employee is aware of a potential or actual issue, the employee is accountable for:

   a. Making attempt to prevent or resolve the issue (within their scope of responsibility).

   b. If unresolved, the employee shall contact their immediate supervisor to alert them to the potential or actual issue.

   c. If still unresolved, the employee shall notify the Department Head of their service area during regular business hours or by phone. On weekends (or if unable to contact Department Head) from Friday evening until Monday morning the Administrative Representative on call may be notified.

   d. If still unable to resolve, the CEO shall be contacted for resolution of the issue.

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

3. Some examples of employee conflicts/issues that may arise:

   a. Refusal to adhere to established policies and procedures;

   b. Delayed response;

   c. Impairment of coworker;

   d. Disruptive behavior of staff member or medical provider;

   e. Communication issues that interfere with patient and family care.

GUIDELINES FOR ISSUES WITH MEDICAL PROVIDER:

1. If and issue/conflict arises in a patient care area, between nursing staff and attending provider, direct communication by the nurse to the provider should take place first. This conflict should be discussed in a discrete area away from the patient's bedside.

2. Examples of when the COC may be utilized includes but is not limited to:

   a. When provider orders are unclear (only after the ordering provider are asked for clarification).

   b. 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 status.

   c. When the nurse's assessment of the patient varies significantly from the provider's assessment.

   d. In situations where impairment of a provider is suspected.

   e. In clinical situations where the nurse believes the provider has not responded in an appropriate manner to fully address the issues raised that may present an immediate risk to the patient.

3. If unable to be resolved, the staff nurse should follow the COC as written above. In addition:
    a. Direct communication with attending provider should take place or contact should be made with the Director of Nursing Services.
    b. If the conflict is with the DNS, the Chief of (Medical) Staff (COS) should be contacted.
    c. COS communicates with the Attending Provider and communicates with the staff nurse to resolve the conflict.
    d. Medical Provider issues shall be handled in accordance with Medical Staff Bylaws (available in the CEO office)

VI. DOCUMENTATION

As applicable