

Maternity Services: Chain of Command

Site Applicability: SPH Maternity Centre

Disciplines: Obstetricians, Family Practice physicians, Registered Midwives, Registered Nurses

Policy

Safe, quality patient care is of the highest priority in the Maternity Services program. We recognize that miscommunication between members of the health care team can compromise patient safety. We also recognize that providing redundancy in assessment and adopting strategies that facilitate communication can optimize the quality of care. Consequently, the Maternity Services program subscribes to a policy of open communication in which all team members, regardless of position, are encouraged to voice concerns regarding patient safety, without fear of reprisal. If a staff member has a concern they are responsible for bringing it to the attention of the patient's primary provider. If the provider cannot be located, or does not respond appropriately, the staff member's responsibility to ensure quality care should be implemented through the chain of command procedure.

Need to Know:

Providence Health Care's Maternity Services is committed to providing quality patient care and to the resolution of safety issues that may arise. The Maternity Services program has adopted the following policy to provide staff members with information and tools that will assist in communicating and resolving workplace issues relating to patient safety.

Expected Outcomes:

1. To provide a timely resolution to clinical, patient safety or service issues to provide safe patient care.
2. To ensure that staff members have a process in place to advocate for the patient through the organizational chain of command when they believe that the primary provider is unresponsive to concerns about the patient's or fetus's condition/status or is making inappropriate patient care decisions.
3. To ensure that staff members have a process in place to advocate for patient safety when demand for nursing workload and staffing exceeds capacity.

INTERDISCIPLINARY GUIDELINE

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PRACTICE GUIDELINES:

Initiating the Chain of Command

Responsibilities:

- 1) Before initiating the chain of command, a staff member must express their concern for patient safety (using the SBAR guideline-[Appendix B](#)) directly to the primary provider including as many supporting facts as possible. Ensure that the primary provider has all pertinent facts regarding the case. What are the implications for patient safety and quality of care? Ensure that primary provider has heard the concern.
- 2) Examples of when the chain of command procedure should be used are as follows:
 - a. When a primary provider has not responded in a timely manner to a deteriorating patient condition.
 - b. When a staff member's assessment of the patient varies significantly from the primary provider's assessment.
 - c. In clinical situations where a staff member believes the primary provider has not responded to address the issues/concerns raised or has failed to respond in a timely manner, which may present an immediate risk to the patient or unborn fetus.
- 3) Documentation is essential in establishing credibility and clarifying circumstances.
 - a. Record events and observations in the patient's record. This should be done in a factual, objective and clear manner.
 - b. Document the specific facts and carefully record the time of each entry.
 - c. A PSLS is to be completed and forwarded in a timely manner to the Operations Leader.

Procedures/Interventions:

See Decision support tool in [Appendix A](#)

1. The staff member discusses the issue with the Primary Provider (i.e.: The attending physician or midwife.) If the primary provider cannot be reached, or dismisses the concern, the staff member takes the issue to the CNL/CN.
2. The CNL/CN discusses the issue with the primary provider to resolve the issue.

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3. If the primary provider cannot be reached, or dismisses the concern, the CNL/CN takes the issue to the Obstetrician-on-call.
4. The Obstetrician-on-call discusses the issue with the primary provider.
5. If resolution has not been achieved, the issue is presented to the Operations Leader (this can also be the Clinical Coordinator or the Leader on Call if after hours or on weekends).
6. If resolution has still not been achieved, the Physician Program Director is informed.
7. If the Physician Program Director cannot resolve the issue, he/she informs the Vice President of Medical Affairs.
8. If the concern involves other discipline (other than perinatal and pediatrics), the Physician Program Director must be informed if obstetrician on call is unable to resolve the concern/issue.

No health care provider who in good faith seeks assistance using the “Guidelines of Obtaining Medical Assistance” will suffer harassment, retaliation, or adverse employment consequence. Any health care provider who retaliates against someone who has in good faith sought assistance as described in the guidelines may be subject to disciplinary action. The guiding principle in determining good faith is at all times the safety of the patient.

Documentation:

Physicians/Midwives:

- Interdisciplinary progress notes

Registered Nurses:

- Nurses Notes
- BC Labour and Admission Partogram



INTERDISCIPLINARY GUIDELINE

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Developed By:

Program Director Maternity Services

Revised By:

Operations Leader, Maternity and NICU

Approved By: Professional Practice Standards Committee

Maternity Quality and Safety Committee December 2015

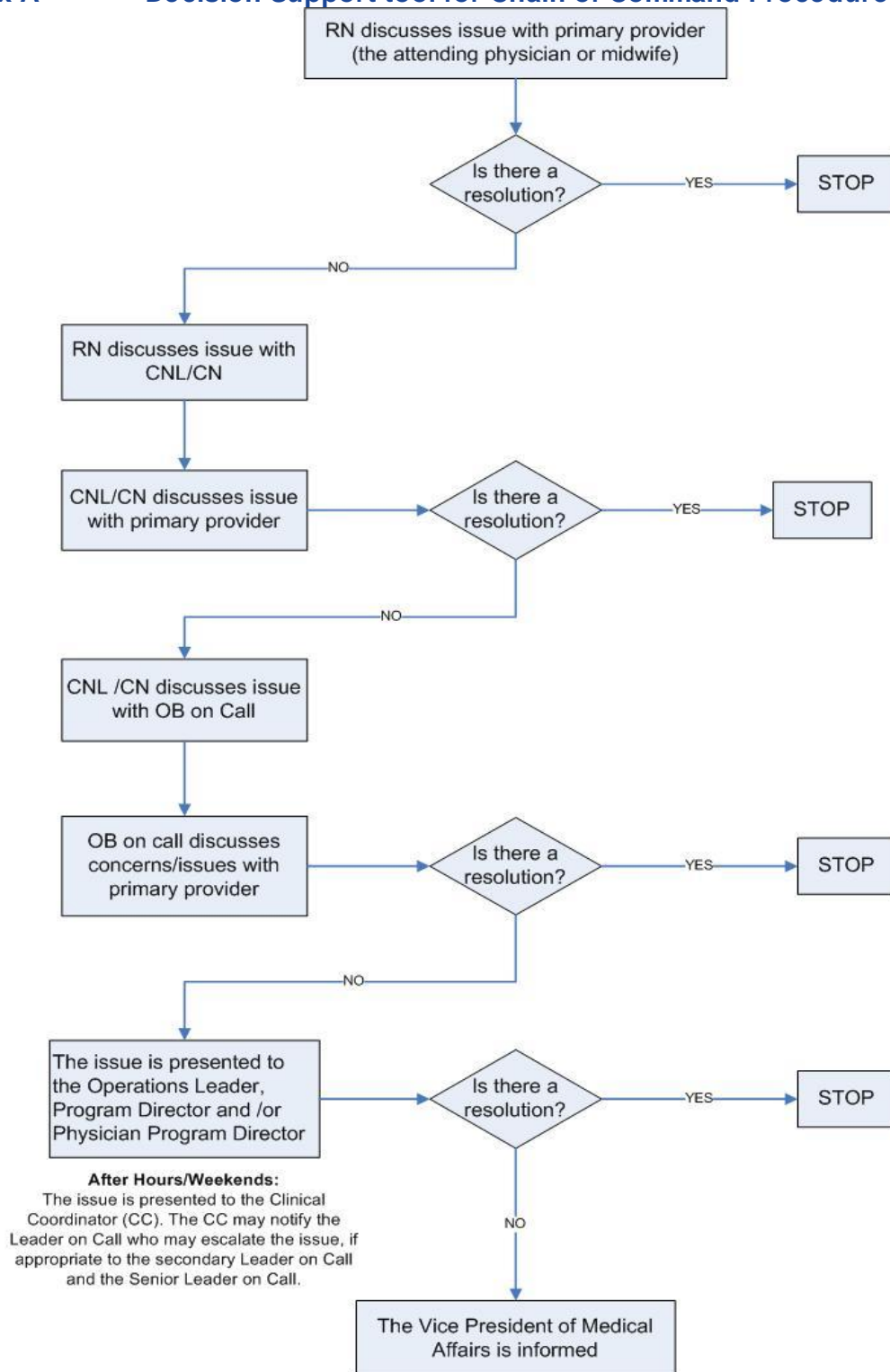
Date of Creation/Review/Revision:

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Appendix A

Decision Support tool for Chain of Command Procedure



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Appendix B Communication Tool (SBAR)

<u>S</u>	<u>Situation</u> <i>What is the Major concern?</i> <ul style="list-style-type: none"> • I am calling about (patient name) • I am concerned about...
<u>B</u>	<u>Background</u> <i>What are the pertinent facts?</i> <ul style="list-style-type: none"> • G? P?, Gestational age • Relevant med/surg history • In labour? Induction? ROM? How long? • Type of delivery? When? • VS, current condition • Description of the tracing • Lab values, patient status
<u>A</u>	<u>Assessment</u> <i>What do I think is the problem?</i> <ul style="list-style-type: none"> • This is what I think is the problem... (i.e. Atypical/Abnormal tracing, PPH, etc) • I am not sure what the problem is, but I am worried...
<u>R</u>	<u>Recommendation</u> <i>What do I recommend that we do?</i> <ul style="list-style-type: none"> • Will you come see the patient... • Should I do any test? (CBC, CXR, etc) <p>Consider asking:</p> <ul style="list-style-type: none"> • When are you coming? • What extra monitoring would you like? • If no improvement should I call you again?