 <b>UNIVERSITY of MARYLAND UPPER CHESAPEAKE HEALTH</b>	<b>PAGE:</b> Page 1 of 4	<b>POLICY/PROCEDURE /SOP NO:</b>
	<b>ORIGINAL DATE:</b> 3/13/2010	
	<b>EFFECTIVE DATE:</b> 3/13/2010 <b>Reviewed Date:</b> 1/5/2012, 1/29/2013, 5/6/2014, 11/2018, <b>Revised Date:</b> 3/13/2019, 1/13/2021	
<b>POLICY/PROCEDURE/SOP TITLE:</b> Medical Staff Chain of Command	<b>FUNCTION/OWNER:</b> Medical Staff Services	

**PURPOSE:**

UM Upper Chesapeake Health is committed to patient safety and performance improvement thus ensuring quality of care for every patient, every encounter, every day. In keeping with this commitment, the following guidelines are to be utilized in resolving issues involving members of the medical and advanced practice providers staff (“medical staff”) regarding clinical decisions, quality, safety, utilization, patient rights, and non-clinical conduct. This guide provides the steps in the chain of command when escalating such issues, questions or concerns.

**POLICY:**

The medical staff and administration of UM Upper Chesapeake Health have approved the use of the following “chain of command” in order to resolve issues involving a member of the “medical staff.”

**CHAIN OF COMMAND:**



“Attachment A” contains contact information for the above individuals. This contact information is also available on the UM UCH Intranet Site in the Medical Staff Services area.

**EXAMPLES:**

The following are examples of when the chain of command procedure should be used:

- When a physician’s order remains unclear, but only after the ordering physician is asked for clarification.
- In instances where a physician has not responded in a timely manner to a deteriorating patient condition or team member concern (within 30 minutes in most instances).

- When a nurse or other member of a patient's care team's assessment of the patient varies significantly from the physician's assessment.
- In situations when impairment of a practitioner is suspected.
- In clinical situations where a team member believes a physician has not responded in a manner to fully address an issue raised that may present an immediate risk to the patient
- In situations where a team member believes that the behavior or conduct of a physician is in question, or disruptive to the orderly operation of the Medical Staff or the System.

### **ACTIONS TO BE TAKEN:**

Any team member or medical staff member may use the chain of command to present an issue of concern and pass it up the lines of authority until a resolution is reached.

In situations such as the examples given above, the team member or medical staff member may implement the chain of command by contacting:

- Level 0 – the appropriate division chief. If the Level 0 contact is unavailable within a reasonable time, or does not appropriately resolve the issue, move up the chain of command
- Level I - the appropriate department chair. Similarly, if the Level I contact is unavailable within a reasonable time, or does not appropriately resolve the issue, move up the chain of command,
- Level II - Medical Staff President. If the issue remains unresolved or if the Level II contact is unavailable, continue up the chain of command,
- Level III - Senior Vice President Medical Affairs or Assistant Vice President Medical Affairs

There may be instances in which the chain of command procedure may not be appropriate or effective. On rare occasions an individual in the chain of command, or a practice partner of that individual, may be involved in the issue to be resolved, or the nature of the issue may be felt to be too sensitive and that a higher level of authority might be necessary. If such an occasion arises, the team member or medical staff member should skip to the next higher level in the chain and include their reasoning.

### **DOCUMENTATION:**

The individual reporting the circumstances of the unresolved issue must provide the appropriate person in the chain of command with factual and objective information, avoiding finger-pointing or assignment of blame.

Issues easily resolved by instituting the chain of command do not necessarily require further written documentation. Issues where it is thought to impact a patient outcome, or seem to be part of a trend should be documented in UMMSafe or submitted directly to the Director of Medical Staff Services so that appropriate review can occur.

**ABUSE OF PROCESS / NON-RETALIATION:**

Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstances. Retaliation or attempted retaliation by medical staff members against complainants will give rise to corrective action pursuant to the Medical Staff Bylaws. Individuals who falsely submit a complaint shall be subject to corrective action under the Medical Staff Bylaws or hospital policies, whichever applies to the individual.

**OTHER RELATED POLICIES:**

- Impaired Practitioner Policy
- Non-Clinical Conduct Policy
- Stop the Line

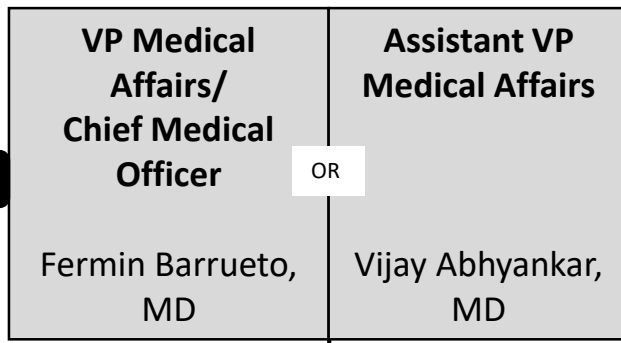
**UM UPPER CHESAPEAKE HEALTH**  
**Chain of Command Contacts**  
**2021**

<i>Level 0</i>				
<i>Department Division Chiefs</i>				
<u>Department</u>	<u>Division</u>	<u>Name</u>	<u>Contact Number 1</u>	<u>Contact Number 2</u>
Anesthesiology	See Level 1 contact			
Emergency Medicine	See Level 1 contact			
Medicine	Cardiology	David Rubin, MD	(410) 447-0018	
	Pulmonary/ Critical Care	Jason Birnbaum, MD	(410) 446-2049	
	Hematology/ Oncology	Myo Min, MD	(240) 994-7950	
	Hospital Medicine	David Wholey, MD	(978) 302-1154	
	Endocrinology	See Level 1 contact for Department of Medicine		
	Gastroenterology	See Level 1 contact for Department of Medicine		
	Infectious Disease	See Level 1 contact for Department of Medicine		
	Nephrology	See Level 1 contact for Department of Medicine		
	Neurology	See Level 1 contact for Department of Medicine		
	Radiation Oncology	See Level 1 contact for Department of Medicine		
Obstetrics/Gyn.	See Level 1 contact			
Pediatrics	Pediatric Hospitalist	Marie Kanagie- McAleese, MD	(215) 407-8265	
Pathology	See Level 1 contact			
Psychiatry	See Level 1 contact			
Surgery	See Level 1 contact for all Divisions			
Radiology	Interventional Radiology	Brian Monroe, MD	(718) 909-1218	

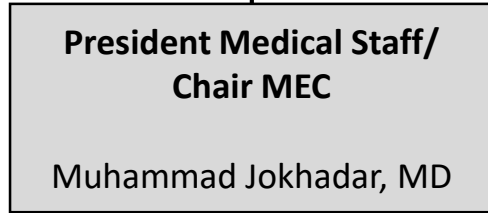
<b>Level I Department Chairmen</b>			
<b>Department</b>	<b>Name</b>	<b>Contact Number 1</b>	<b>Contact Number 2</b>
Anesthesiology	Rodger Oursler, MD.	(443) 643-1600	(410) 937-5063
Emergency Medicine	Michael Abraham, M.D	(443) 643-2118	(786) 351-6574
Medicine	Jason Birnbaum, M.D.	(410) 446-2049	
Obstetrics/Gyn.	Kathleen Gotzmann, M.D.	(443) 643-4300	(410) 588-0904
Pathology	Dixon King, M.D.	(410) 402-4943	
Pediatrics	Stacey Seidel, M.D.	(240) 401-8436	
Psychiatry	Richard Lewis, M.D.	(443) 843-8050	(443) 683-3681
Radiology	Nick Lomis, M.D.	(910) 987-2630	(910) 987-2630
Surgery	Mark Gonze, M.D.	(410) 382-4877	(410) 879-2006
<b>Level II Medical Staff President (Chief of Staff)</b>			
Muhammad K. Jokhadar, M.D.		(443) 643-1994	(443) 854-0025
<b>Level III Senior VP Medical Affairs or Assistant VP of Medical Affairs</b>			
Fermin Barrueto, M.D.		(443) 643-1556	(443) 465-4289
Vijay Abhyankar, M.D.		(410) 838-6434	(443) 528-3717

# UM UCH Medical Staff Chain of Command

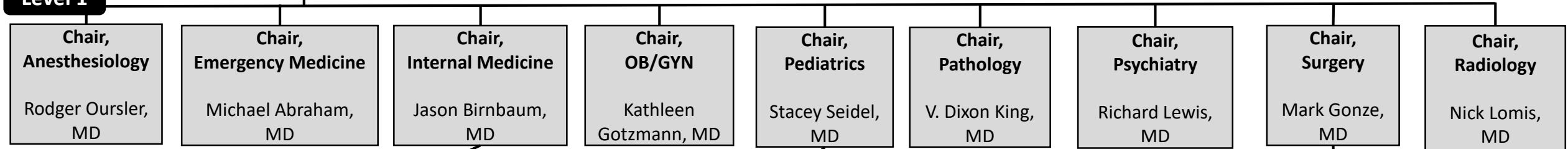
**Level 3**



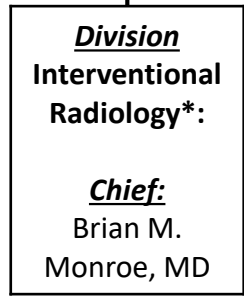
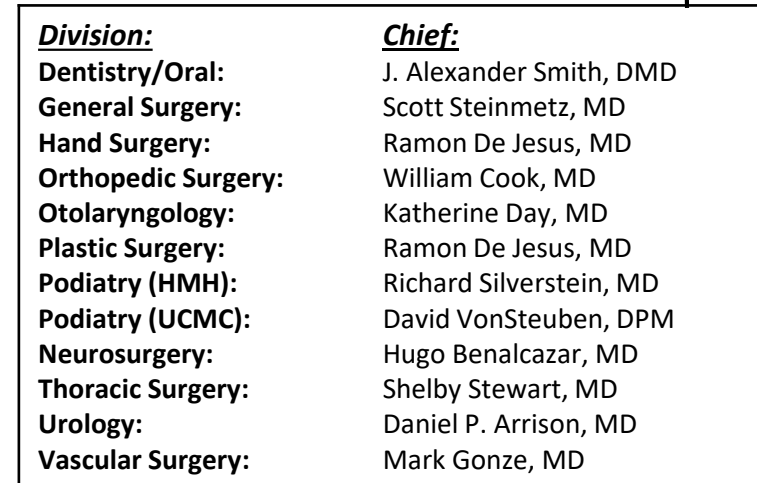
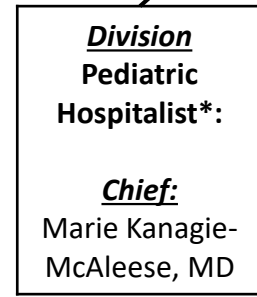
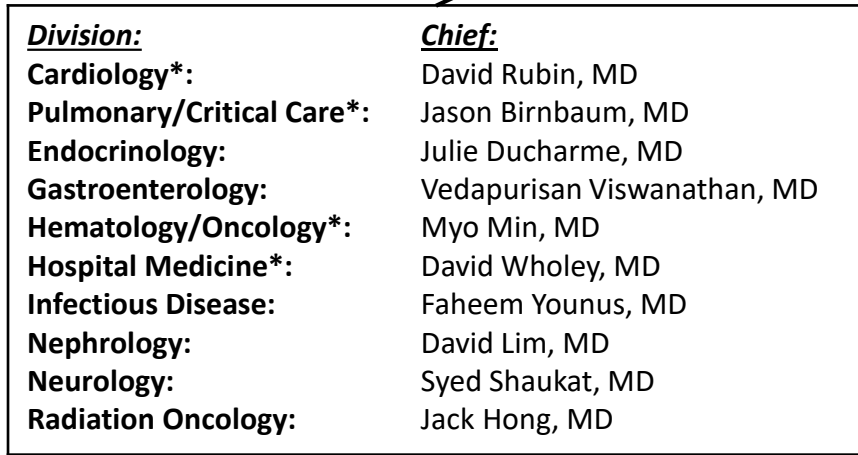
**Level 2**



**Level 1**



**Level 0**



## Additional UM UCH Medical Staff Officers

<b>VP, Medical Staff:</b>	V. Dixon King, MD
<b>Treasurer, Medical Staff:</b>	Elie Fraiji, MD
<b>AVP MA/Chair PIC:</b>	Vijay Abhyankar, MD
<b>Vice Chair, PIC:</b>	Vivek Dhruva, DO
<b>Chief Quality Officer:</b>	Faheem Younus, MD
<b>Chief Medical Informatics Officer:</b>	Muhammad Jokhadar, MD
<b>Chair, Credentials Committee:</b>	V. Dixon King, MD
<b>Chair, APP Committee:</b>	Michael Giordano, MD
<b>Chair, P&amp;T Committee:</b>	Sid Z. Kharal, MD
<b>Medical Director, Infection Prevention:</b>	Leo Girio-Herrera, DO