



Washington Association of Medical Staff Services

THE NEW, THE STRANGE & THE FAMILIAR: Challenging Case Studies

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MSPs ARE THE GATEKEEPERS FOR PATIENT SAFETY



HOSPITAL MEDICAL ERRORS KILL 99,000 AMERICANS EACH YEAR... WE'RE HERE TO INVESTIGATE

MSP Challenges

- Engaging Medical Staff
- Credentialing
- Peer Review
- Disruptive, Aging, Burn-out, Impairment
- Collegial Interventions
- Disciplinary Action
- "S/He did what???"
- Information Sharing
- Government Investigations
- Surveys
- Medical Staff Funds
- Administration

MSP's are Leaders!

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"You see any next generation leadership, you call me."

Director Gadget

You recently took a position as the Medical Staff Coordinator at St. Elsewhere Hospital where you are working with a Director who has been at the hospital for over 15 years and who is loved by everyone. You soon realize that part of the reason that she is well loved is because she uses the Medical Staff funds to buy the best wine and meals for the Medical Executive Committee meetings. She also buys something for the MEC members at almost every holiday. On top of that for Doctor's Day she buys electronic devices for all members of the Medical Staff. The Medical Staff

Director Gadget

Office is always crammed full of "stuff." No one in Administration complains because she is always giving them the left over gifts along with other members of the Medical Staff and Quality Offices. You receive your first bottle of wine and realize that it is a \$50 bottle. You also realize that there were four cases left over from the last meeting but they are all gone now. All of the gifts seem to disappear from the MSO within two weeks of the event.

Director Gadget

The Director has recently asked you to come by her house to pick up some files. When you come in you see several of the boxes of wine and many of the other gifts that are stacked in her dining room area. The Director sees you looking and invites you to take whatever you want. You decline but go back to the office troubled by all the things you saw. The following week you learn that an independent audit of the Medical Staff fund was completed and everything was found to be in order.

Director Gadget

- You have now been at the hospital for three months and have accumulated six great bottles of wine and many little gadgets. After thinking about this more you:
 - a. Ask to see the Medical Staff budget so you can understand how they are spending the money
 - b. Talk to the Medical Staff Secretary-Treasurer about all the gifts going to the MEC and Director

Director Gadget

- c. Review the bylaws to determine if it specifies how the Medical Staff fund is to be used
- d. Talk to a co-worker who tells you to keep your mouth shut or you could get fired
- e. File an anonymous complaint on the compliance hotline
- f. Talk to the CEO and CMO
- g. All of the above
- h. None of the above
- i. Something else

Key Points

- Misuse of Medical Staff Funds? Yes or No?
- If yes, by the Director? MEC? Secretary-Treasurer?
- Medical Staff Fund Policy
- Signator Authority
- Stark Issues
- Anti-Kickback



Clerical Error?

You have started a new job as the director of MSS at St. Elsewhere where you have taken over from a director who was respected, admired and now retired. You constantly hear how great she was from the doctors and other staff. During your first month on the job you receive a request for copies of Medicare attestation forms on seven doctors. You can only find two. When you audit the files you find that there are a total of 23 attestation forms missing.

Clerical Error?

After you stop hyperventilating you should:

- a. Polish up your resume and start looking for another job.
- b. Conduct a diligent search to see if the forms are anywhere else in the hospital.
- c. Take blank forms to the doctors and have them sign and back date them.
- d. Call the compliance officer.
- e. Call the retired director and ask what happened.
- f. All of the above
- g. None of the above
- h. Something else

Key Points

- Conditions of Payment
- False Claims Act



Clerical Error?

After you polished up your resume you took a position at a 100 bed hospital with a medical staff of 200. After you started you found that there were several reappointment applications that had not been processed. In fact, seven of the members with unprocessed applications had expired appointments. You then started an audit and found that 29 practitioners had expired appointments and that approximately half had been expired over 18 months. One of the expired was the Chief of Staff.

Clerical Error?

After you pick yourself up off the floor, you should:

- a. Polish up your resume
- b. Immediately obtain temporary privileges for everyone who has expired
- c. Run patient care activity reports for the expiration period
- d. Back date all appointments and redo the minute
- e. Something else

Key Points

- Conditions of Participation
- False Claims Act





Dr. Grumpypants

- Dr. Grumpypants has been a member of your medical staff for 25 years and has always been a bit of a curmudgeon. Over the last 8 months he has become increasingly difficult and has had many run ins with the staff. However, they have been understanding because he recently lost his wife of 35 years to cancer. Today he was doing a routine laminectomy and did the procedure at the wrong level. When the mistake was pointed out he immediately blamed the OR staff.

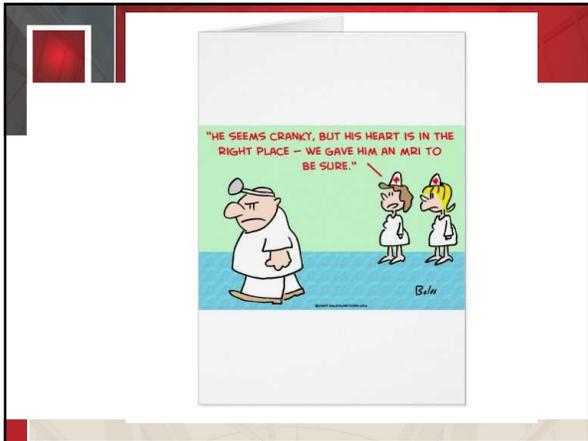
Dr. Grumpypants

After being notified of the wrong level surgery you:

- a. Notify the Chief of Staff who decides to do nothing because it is a known and accepted complication
- b. Review Dr. Grumpypants last year of cases and prepare a graph that shows that his complications have increased by 15% over the last 5 years.
- c. Call the Well-Being chair to intervene
- d. All of the above
- e. None of the above
- f. Something else

Key Points

- Late-Career Practitioners
- Policy
- Interventions
- Fitness for Duty Evaluations
- Roles for Senior Practitioners
- Information Sharing



Dr. Hairsplitter

- Dr. Hairsplitter joined your medical staff six years ago but has never been very busy. He has gone through two reappointment cycles since his initial appointment and he has never answered yes to any of the questions on the attestations. You recently received the MBC Action Report and found that an accusation has been filed against Dr. Hairsplitter. After receiving a copy you learn:

Dr. Hairsplitter

- Dr. Hairsplitter had been investigated by the MBC eight years ago.
- Dr. Hairsplitter was called for an interview with the MBC three years ago.
- The accusation charges Dr. Hairsplitter with over prescribing opiates and with one patient death.

You advise your CMO and learn that Dr. Hairsplitter was recently made Medical Director of the new Pain Program.

Dr. Hairsplitter

Discussion points:

- The only problem with Dr. Hairsplitter relates to his honesty on his applications. Since his answers did not involve medical care will your MEC take disciplinary action?
- If and adverse recommendation goes to hearing will the JRC uphold the MEC recommendation?
- What evidence do you need to present to the MEC and JRC?

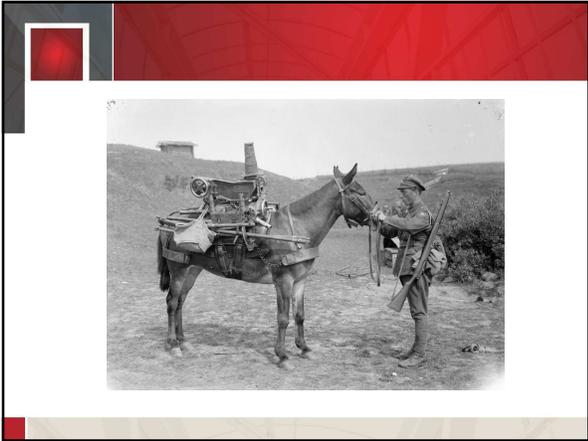
Dr. Hairsplitter

After wondering why you weren't consulted about the Medical Director contract you checked the attestation questions on the initial application and subsequent two reapplications and find that he clearly had misrepresented his status. You then:

- a. Advise the Chief of Staff to call Dr. Hairsplitter before the MEC.
- b. Draft a letter from the Chief of Staff requesting a written explanation.
- c. Recommend summary suspension
- d. Recommend termination
- e. None of the above
- f. Something else



"You need strong medicine to relieve your stress. I'm prescribing a puppy."



Dr. Speedy

- Dr. Speedy is an interventional cardiologist who performs peripheral angiography and stent placement in addition to coronary angiography and coronary stent placement. Dr. Collusion is an internist who sends almost all of his patients over the age of 50 to see Dr. Speedy. Dr. Speedy has a standard cardiac and vascular workup that includes a stress test, peripheral ultrasounds, and echocardiogram. Almost all of the patients are taken to the cath lab and undergo both right and left cath and frequently stent placement.

Dr. Speedy

- The patients are almost always discharged within 24 hours and are often referred to the outpatient cardiac rehabilitation facility located next to his office. If not discharged they are referred to the same cardiac surgeon and often wind up in the OR. In the last two years Dr. Speedy has added three other interventional cardiologists to his staff along with an interventional radiologists and several physician assistants. He receives patients from all over the state and they all seem to undergo the same workup.

Dr. Speedy

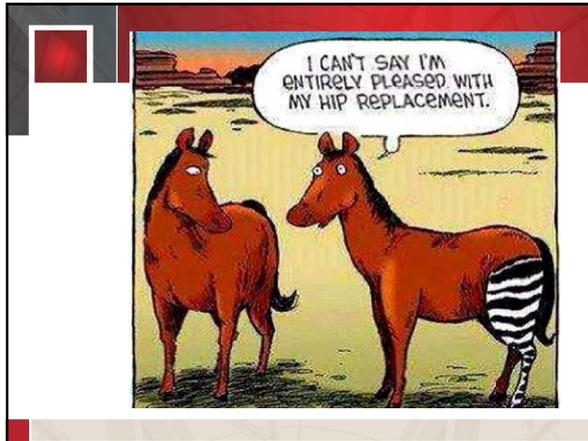
- A nurse in the cardiac cath lab has come to you and said that Dr. Speedy is placing stents where no stents are needed. You have also heard that his records are missing documentation of the indications for the procedures. When you ask Dr. Speedy about providing supporting documentation he assures you he has everything in his office. You have also heard that one of the other cardiologists is complaining that Dr. Speedy's records are never peer reviewed – but there are never any bad outcomes.

Dr. Speedy

- After hearing the complaints you:
 - a. Recommend a formal investigation be opened.
 - b. Start a review of all the records without telling anyone.
 - c. Pass a rule requiring objective verification of all indications be on the record.
 - d. Do nothing because he is making the hospital a lot of money.
 - e. All of the above
 - f. None of the above
 - g. Something else

Key Points

- False Claims Act
 - Implied and Express Certification
- Medical Necessity
- Attestation
- External Review



Dr. Carefree

- Dr. Carefree is a recent recruit who was hired to cover many of the patients without insurance or who only have public funded coverage. He is a specialist in pain management and the patients love him. After he has been on the job about five months the CNO comes to you and states there have been problems with drug disposal. Dr. Carefree will tell patients to bring in their prescriptions and then will confiscate those and write the patients other prescriptions. The patients are complaining and Dr. Carefree is not properly disposing of the drugs with a witness. Also, he has recently been observed slurring his speech, falling asleep and stumbling.

Dr. Carefree

After hearing from the CNO you:

- Do nothing because there is no written complaint.
- Call security and have him escorted to the lab for a urine test.
- Advise your MEC to send him to a drug diversion program.
- Suggest that your officers call him in and have the chair of the Well-Being Committee present.
- All of the above
- None of the above
- Something else

Key Points

- Potential Impairment – Don't Ignore
- Role of WBC
- Investigation and monitoring
- Information sharing
 - Fact of referral
 - No substance



Leadership Challenges



Dr. Marti Gin

▪ Dr. Gin is a well-known wine connoisseur who has selected and provided the wines for all the medical staff events for the last ten years. One morning you arrive at work to learn that he has been involved in a terrible accident in which two people were killed. Dr. Gin remains in the hospital for one week and when discharged takes a 60 day leave of absence. During that time you learn the accident was his fault and he was legally intoxicated when the accident occurred. At the end of his leave he submits a letter that he is ready to return to practice with his full privileges. However, you hear that he may be left with a tremor.

You should counsel your Chief of Staff to:

- a. See if Dr. Gin will continue to provide the wine for the MEC meetings
- b. Immediately summarily suspend his privileges
- c. Open a formal investigation
- d. Require a fitness for duty evaluation
- e. Turn the problem over to the WBC
- f. Do nothing until the criminal action has been completed
- g. Impose proctoring/monitoring
- h. Pour a glass of wine.
- i. Something else

Key Points

- Criminal Charges
- Fitness for Duty Exams
- Investigation of external occurrences
- Re-entry programs
- HIPAA
- Information Sharing







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