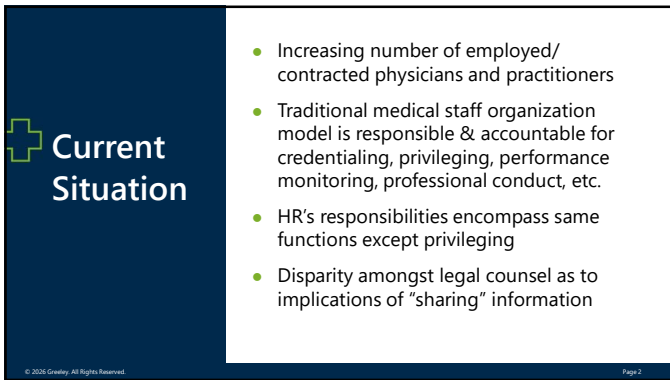
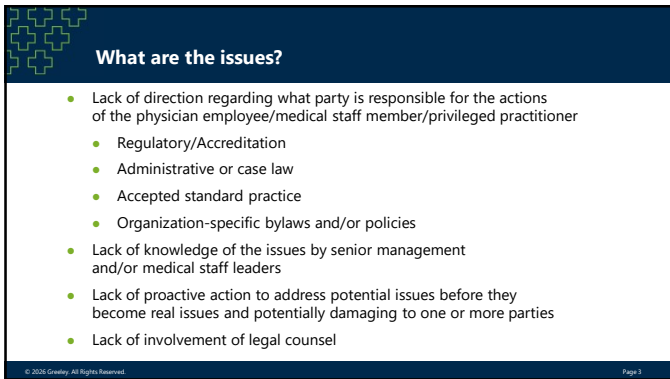




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Living in Two Worlds at Once!

Medical Staff vs. Employment



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Question

Who is responsible for the quality and safety of care at your organization?

Answer: The Board

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Question


What does the board know about the quality and safety of medical care?

Answer: Not a lot.

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The Board




So, the board assigns responsibility for monitoring and improving the quality of care to the medical staff and management

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Question



How does the medical staff organize itself to carry out these responsibilities?

Answer: The medical staff democratically organizes itself through self-governed structure

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A surprising corollary

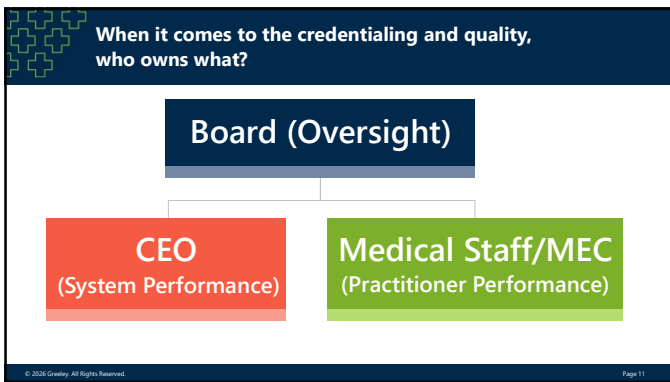
Physicians are **mutually accountable** to each other for the quality of care they provide

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Question

What is the chief of staff's role?

Answer: The responsibility for the *organization and conduct of the medical staff* must be assigned only to an individual doctor of medicine or osteopathy or, when permitted by state law of the state in which the hospital is located, a doctor of dental surgery/dental medicine or podiatry.

CMS CoP 482.22(b)(3)

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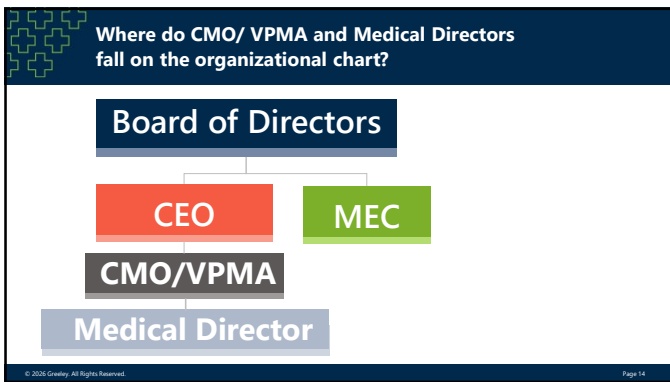
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Issues with Medical Staff Model

- Purpose and function not understood
- Slow
- Inefficient
- Not consistent with today's models of care delivery

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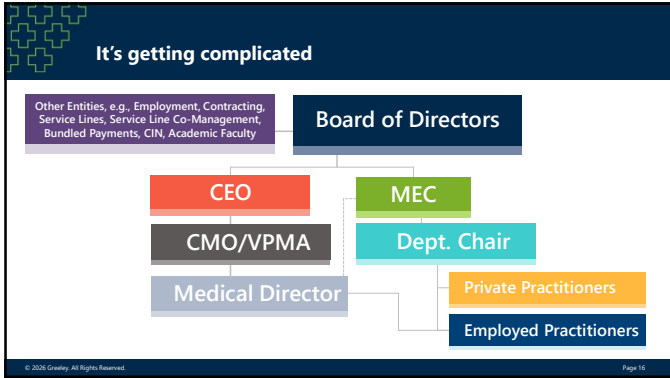
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What is management's role?

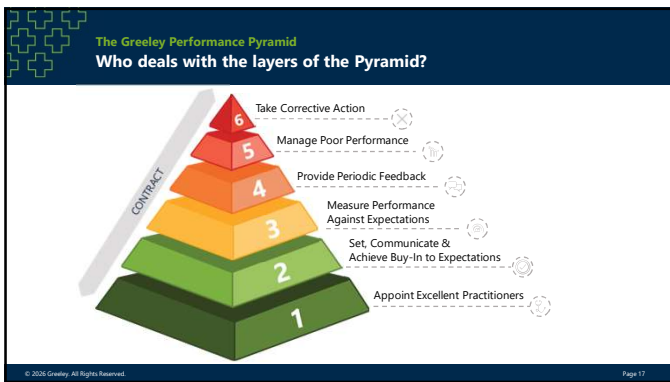
- Implement effective processes
 - Patient Care
 - Human Resources
 - Financial Management
- Ensure adequate physical plant and technology
- Meet board approved quality, financial, and operational targets
- Provide resources to support the medical staff in fulfilling its responsibilities

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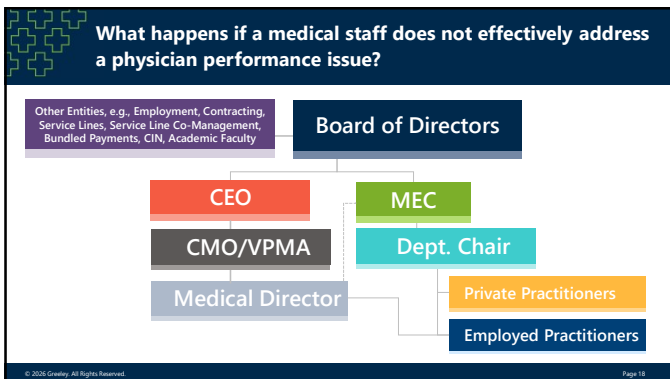
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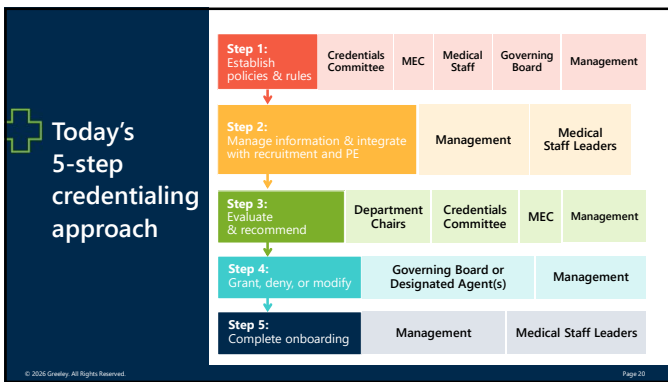
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Do we have the Perfect Storm Brewing?

Consider the following scenarios

- All physicians have employment contract with hospital or medical group with hospital contract
- Which process is applicable?
 - Hospital management through an HR process?
 - Medical staff process?

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Scenario #1

- Seasoned general surgeon with cluster of clinical issues of concern
- Physical and neuropsych exam (requested by the medical group and voluntarily agreed to) demonstrates memory/cognitive issues impacting clinical judgment
- CMO of medical group proposes privilege reduction to the general surgeon and to credentials committee
- What process would you use to best address this scenario and why? (Hospital Management or MS or both?)

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Scenario #2

- Internist with history of behavioral issues
- Hospital and medical staff leaders have provided periodic guidance and issued warnings re: behavior
- Internist subsequently knowingly violated hospital administrative policy by accessing HIPAA-protected information (on a neighbor)
- What process would you use to best address this scenario and why? (Hospital Management or MS or both?)

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Scenario #3

- Pediatrician accused of accessing inappropriate web sites while rounding on patients
- Department chair began a review of the situation
- Physician admitted transgression
- Hospital terminated physician for violation of internet use policy
- Would you also recommend that the medical staff take some action?

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Scenario #4

- Doctor Peemour did a robotic prostatectomy that lasted 16 hours and the nurses were concerned about the length of time for his cases.
- He's been doing robotic prostatectomies now for about 18 months and has only done 12 cases.
- There is another urologist who is doing approximately 50 to 60 cases a year.
- Doctor Peemour's surgical times are three times the national average while the other urologist's times are within national averages.
- There have been no clinical complications from his cases so far, it's just that his operative times are excessively exceeding the national averages.
- What process would you use to address this scenario and why? (Hospital Management or MS or both?)

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Good Fences Make Good Neighbors



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Credentialing Principle

FOLLOW THE FIVE P's:

Our **P**olicy is to follow our **P**olicy.
 In the absence of a **P**olicy,
 our **P**olicy is to create a **P**olicy.

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Medical Staff Considerations

- Bylaws
- Peer Review
 - OPPE
 - FPPE
- Physician Code of Conduct
- Corrective Action
- Fair Hearings
- Impaired Providers

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Employment Considerations

- Employment contract
- HR policies and procedures
- State and Federal employment law

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Information Sharing and Communication Challenges

- Who is allowed to "travel" between employed and medical staff issues?
- What information can flow in which direction?
- What type of communications have to occur
 - Notice
 - Restriction of privileges
 - Quality and safety data
 - Behavioral and impairment concerns

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Next Steps

Be proactive:
Establish task force of stakeholders to recommend structure for managing potential issues

- Medical staff and APP leadership
- Management (CMO/VPMA, HR, Medical Staff Services)
- Attorney(s) knowledgeable in MS, HR, and contracting and NPDB reporting

Research available sources

- Articles
- Case Law
- Seminar/webinars
- Network

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Next Steps

Review and, if necessary, revise documents to attempt to clarify roles and responsibilities


- Medical staff governance documents
- Hospital policies/procedures and documents
 - Application/Release Statement
 - Contract language (co-terminus)
- Sharing agreements
 - HCQIA protections / State protections
 - Medical Group
- Performance evaluation processes
- Disciplinary processes / Grievance processes, etc.

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What will it take to be successful?

If you don't know where you are going, you might wind up someplace else.
—Yogi Berra



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In Summary

- Prospectively plan
- Retrospectively review scenarios you've encountered
- Spend structured time together
- Educate all parties (senior management, medical staff leaders, HR, medical services professionals, etc.) on the similarities and differences between HR and MS processes

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Questions?



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Thank you!



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- Medical Staff Services Optimization
- Education Solutions
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Slide 34

RC1 Is there a Greeley design element that could be added here?

Cloutier, Rebecca, 2025-07-29T15:55:28.076