

The Room Where It Happens: A High-Stakes Governance Experience

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1

Where we are going.....

- Overview of Challenges
- Patient Safety
- Physician rights & fair process
- Introduction of Team
- Audience participation
- Ground rules (Confidentiality, Professionalism, Respect)
- Simulation & Participation




PAGE 2

2

Context

- Why physician performance issues are uniquely difficult
- The tension between:
 - Patient safety
 - Physician rights & fair process
 - Organizational risk
 - Culture and collegiality
- The reality: These decisions happen behind closed doors




PAGE 3

3

Overview


- Interactive simulation format
- Volunteer roles
- Audience participation via real-time voting
- Ground rules (confidentiality, professionalism, respect)

 PAGE 4

4

Learning Objectives


- Identify and navigate competing duties in physician performance matters
- Clarify leadership roles and authority boundaries
- Recognize bias, hierarchy, and cultural influences in peer review

 PAGE 5

5

Key Legal & Governance Concepts


- Medical staff self-governance
- Board oversight authority
- Peer review protections
- Fair hearing and due process principles
- Distinction between collegial intervention and corrective action

 PAGE 6

6

Competing Duties in Performance Matters

- Protect patients
- Ensure fairness
- Maintain physician engagement
- Protect institutional integrity
- Mitigate regulatory and liability risk




PAGE 7

7

Scenario Setup

- **Overview of physician concerns:**
 - Quality flags
 - Disruptive behavior?
 - Documentation issues?
 - Sentinel event?
- **Relevant history:**
 - Prior collegial conversations?
 - Political standing of physician?
 - Service line impact?




PAGE 8

8

Core Leadership Roles - Introductions

- **Chief of Staff**
 - Elected physician leader
 - Oversight of peer review
- **Chief Medical Officer (CMO)**
 - Administrative leader
 - Alignment with hospital operations and risk
- **Medical Staff Professional (MSP)**
 - Process expert
 - Bylaws, documentation, compliance
- **Physician Under Review**
 - Rights and responsibilities




PAGE 9

9

Audience Instructions

- Observe:
 - Power dynamics
 - Language used
 - Authority boundaries
 - Bias indicators
- Prepare to vote at decision points



PAGE 10

10

Case Summary: Events Leading to the Meeting

- Riverview Medical Center is a 320-bed community hospital with a busy surgical service line that depends heavily on a small group of high-volume surgeons for call coverage and case throughput. The hospital has recently experienced OR staffing instability and leadership turnover, creating operational strain and heightened sensitivity around maintaining surgical access.
- Dr. Jordan Reynolds, a general surgeon with 14 years on the medical staff, is one of the hospital's most productive and relied-upon physicians. He is widely viewed as technically skilled and willing to take complex and emergent cases. At the same time, he has developed a reputation among some staff as difficult to work with, particularly in high-pressure situations.

PAGE 11

11

Case Scenario: Events Leading to the Meeting

- Over the past six months, several **early warning signals** have emerged:
 - **Quality metrics** show a trend toward higher-than-average complication rates in certain categories, including return to OR and surgical site infections (though volumes are relatively small and not fully risk-adjusted).
 - **Case reviews** have raised concerns about documentation gaps and delayed response to clinical changes.
 - **Staff complaints**—primarily from nursing—describe communication breakdowns and situations where concerns were dismissed.
- These issues were initially viewed as **isolated or manageable through collegial intervention**, and no formal corrective action was initiated. A prior professionalism concern from two years ago was addressed informally and not escalated.

PAGE 12

12

Case Scenario: Events Leading to the Meeting

- Recently, however, the situation has **intensified**:
 - A **significant adverse surgical event** involving postoperative complications and delayed response has drawn attention from Risk Management.
 - The patient's family has raised concerns and requested records, suggesting potential escalation outside the organization.
 - Additional information has surfaced suggesting this may represent a **pattern rather than isolated incidents**.
 - At the same time, Dr. Reynolds has expressed concerns about **system issues**, including staffing limitations and care environment constraints, and may view the scrutiny as unfair or retaliatory.
- These developments have created a **high-stakes leadership dilemma**.



PAGE 13

13

The Tension in the Room

- As leadership convenes, several competing pressures are present:
- **Patient Safety vs. Fair Process**
 - There is growing concern that continued practice without intervention may pose a risk to patients. At the same time, any action affecting Dr. Reynolds' privileges must comply with medical staff bylaws and principles of fair process.
- **Clinical Judgment vs. Team Concerns**
 - Physician autonomy and clinical decision-making must be weighed against repeated reports from nursing and other team members raising safety concerns.
- **Organizational Risk vs. Physician Engagement**
 - The hospital faces potential regulatory, legal, and reputational exposure. However, taking aggressive action against a high-volume surgeon could destabilize coverage and impact relationships within the medical staff.



PAGE 14

14

The Tension in the Room

- **Authority vs. Influence**
 - The **Chief of Staff** is responsible for leading peer review and ensuring fairness.
 - The **CMO** is accountable for patient safety and organizational risk.
 - The **MSP** must ensure adherence to bylaws and proper process.
 - Dr. Reynolds brings both **clinical credibility and informal influence** within the organization.
- **Culture and Bias**
 - Unspoken dynamics may influence the discussion:
 - Deference to high producers
 - Skepticism of nursing concerns
 - Reluctance to escalate against long-standing physicians
 - Fear of litigation or external scrutiny



PAGE 14

15

Purpose of the Meeting


- This meeting has been convened to:
 - Review the known concerns regarding Dr. Reynolds
 - Determine whether and how to escalate the matter
 - Decide what **immediate and/or next-step actions**, if any, are warranted
- Participants must navigate **incomplete information, competing obligations, and real-time pressure** to reach a decision that is both **clinically responsible and procedurally sound**.

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16

Meeting Convenes

- Leadership is meeting to decide what to do next
- What is the appropriate next step?



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17

Decision Point #1

- What should leadership do now?
 - A. Collegial intervention only
 - B. Focused review (defined scope/timeline)
 - C. Formal investigation
 - D. Immediate precautionary suspension

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18

Within Days, Several Things Happen

- A serious surgical complication occurs with delayed response concerns
- The patient's family files a complaint and requests records
- Risk Management flags potential regulatory exposure
- Review of the file shows a prior professionalism concern and incomplete follow-through
- A peer reviewer notes concerns about documentation and clinical judgment patterns
- Dr. Reynolds claims this is retaliation related to staffing complaints and requests counsel involvement"



PAGE 19

19

Back in the Room

- "Is there imminent danger?"
- "What happens if there's another case tomorrow?"
- "Are you acting on data—or fear?"
- "Who actually has authority to act?"



PAGE 20

20

Decision Point #2

- What action should be taken now?
 - A. Continue review with no restrictions
 - B. Implement conditions (proctoring, restrictions)
 - C. Precautionary suspension
 - D. Voluntary leave pending investigation




PAGE 21

21

Debrief

- “What drove your decision?”
 - Patient Safety?
 - Fairness?
 - Fear of getting it wrong?
- “Where did bias or culture show up?”
 - High-producer protection?
 - Discounting nursing?
 - Fear of legal action?
- “Was authority clear?”
 - Who can act?
 - What process applies?



PAGE 22

22

Key Points

- Delay is a decision** — and carries risk
- Labels matter** (collegial vs. corrective action)
- Process = protection** (for patients *and* physicians)
- Culture shapes outcomes more than policy**

PAGE 23

23

Key Points

- What this scenario illustrates is that the legal sufficiency of a decision is often determined not only by *what* action is taken, but *how* and *when* it is taken.
- Inconsistent process, unclear authority, and informal workarounds introduce risk — both to patients and to the defensibility of the organization’s actions.
- Equally important, non-legal factors — including hierarchy, economic dependency, and implicit bias — frequently shape outcomes in ways that are not reflected in policy but are highly consequential in practice.

PAGE 24

24

Closing

The effectiveness of a peer review system is not measured at the point of policy drafting, but instead at the moment of decision —
when pressure, uncertainty, and competing obligations are at their highest.



PAGE 25

25



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26
