



• MODULE 2 •

ASSESSMENT OF CURRENT MEDICAL STAFF
STRUCTURE AND RESTRUCTURING FOR THE FUTURE



Pennsylvania
MEDICAL SOCIETY®

module 2

ASSESSMENT OF CURRENT MEDICAL STAFF STRUCTURE AND RESTRUCTURING FOR THE FUTURE

module 1: Values, Trust, Conduct

module 2: Assessment of Current Medical Staff Structure and
Restructuring for the Future

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Introduction

The purpose of this module is to identify gaps, shortcomings, inefficiencies, and conflicting values within the Medical Staff structure and to review the responsibilities and authority of the Medical Staff, review appropriate criteria for leadership positions, and look at sample structures to allow for more efficiency in decision-making. In addition, we will provide resources for revising Medical Staff Bylaws and Rules and Regulations to be strongly and definitively structured for self-governance, as well as the protection of the rights of Medical Staff members. Sometimes the hardest part of making any change is clearly identifying the problems, and having all involved parties agree on them. No change can be made and effectively implemented without first agreeing on what the issues are and what causes the issues. Getting to the root of the problem is often more difficult than solving it, but analysis is a must.

Use of the gap analysis documents can help to identify these issues. They present questions to consider, and often open up communications and help to get discussions going. They force the team members to dig a little deeper to identify the core causes of problems and to identify or clarify issues. It is important to identify the status of your Medical Staff infrastructure before any changes occur.

The process of change and the amount of time it will take depend on availability of resources — staff, time, data, engagement of team members, funding and administrative support. Before you can begin, you will need to decide when you will meet, where, and how often. Who will be on the team and who will lead it? Who will schedule the meetings, send out the communications, take notes, etc.

Often the parties to be involved are obvious, but sometimes you will need to look for additional people to bring value to your team. Do you have a good mix — different viewpoints, leaders and workers, PCP's and specialists, private and system employed? Are the individuals engaged and willing to invest the time, energy and commitment that you need to accomplish your goals? How many are enough and how many are too many?

Once you have established your team, you will need to schedule your first formal meeting. Have an agenda. Follow it. Begin working on the gap analysis. Determine what data needs to be collected, how it will

Practical Pearls

- Think of your mission as a research project.
- Follow the steps you would for initiating any other research.
- Define, design and develop.
- Determine how much time you think is needed to accomplish the goal.
- Build a “time budget.” It may not be exact, but it will help in recruiting team members and keeping the project on track.

be gathered and who will be collecting and compiling it for analysis by the team. Determine what your next agenda items will be.

Initially, the team will want to meet with some frequency if any forward movement is to be achieved. Down the road, meetings can be less frequent. Bring resources in as needed. Do not hesitate to solicit opinions outside the medical staff. Nursing staff, other ancillary personnel, and especially Medical Staff professionals are often keenly aware of issues, or perhaps have a different view of things. Solicit their input, as they can be valuable sources of information.

Build a sustainable plan in the beginning. Update it as data is collected, changes implemented and testing completed — it will be your structure to build on. Set measurable goals. Set both short-and long-term goals

with time limits. While it is impossible to lay out a complete plan initially, identifying the things that are most important to you now will help you build your future goals. Don't be afraid to list "blue sky" goals as well as more realistic goals.

Activities to be completed:

- Establish team
- Identify problems/Root-cause analysis
- Establish goals
- Establish measurements
- Analyze data
- Test
- Review test results
- Implement changes

Restructuring

The organized Medical Staff consists of some form of the following:

- Medical Staff officers (elected)
- Clinical department chairs
- Subspecialty division directors
- Medical Staff committees as required by accreditation organizations, CMS, and Commonwealth of Pennsylvania regulations

Medical Staff Officers

Each Medical Staff has its own policies regarding length of terms, office titles and responsibilities, and accountability. These should be clearly defined in the Medical Staff Bylaws, as well as selection and removal processes for these officers.

Consideration should be given to ensuring that term of office is of sufficient length to allow officers to gain knowledge and experience to be effective in their roles. Many medical staffs choose to use the progression of office model: Secretary-Treasurer, Vice President, President, Immediate Past President, with the individual moving through each office. The amount of experience gained depends on the length of terms. If, for example, each office is held for a minimum

of two years, the President assumes the role, under normal circumstances, with four years of experience in Medical Staff leadership.

In addition, the President of the Medical Staff is usually also the Chairperson of the Medical Executive Committee, and may have a seat on the hospital board of directors. Other officers may serve additional roles on other committees as well. There is no one "right" model, but deciding which to choose should be based on the issues facing your Medical Staff, size of staff, and its relationship to the hospital administration and board of directors.

Clinical Department Chairs and Subspecialty Division Directors

In a departmentalized Medical Staff, each clinical department usually has a chairperson in that medical specialty. Subspecialties may be included in the department, or may, depending on the size, each have their own divisions with their own directors.

The selection and qualifications of department chairs must be clearly defined in the Medical Staff Bylaws. Chairpersons may be elected or hired specifically for that role. They traditionally are responsible for overseeing all clinical and administrative activities within the department, as well as ongoing monitoring of clinical performance of its members, initial appointments, reappointments and reviewing clinical privileges. Chairpersons should have leadership experience as well as management experience to be successful. Depending on the role of division directors, management experience may be useful but leadership experience and skills are essential. The chair and the division directors should be working together for the benefit of the entire department. Division directors should have a hands-on role in quality review and monitoring of clinical performance within their divisions.

An important question to ask — are chairpersons and division leaders financially compensated? If not, should they be? If so, is it adequate for their responsibilities?

Under Pennsylvania's regulations and Joint Commission standards, the medical staff is accountable to the governing body and has responsibility for the quality of all medical care provided to patients and for the ethical conduct and professional practice of its members. The strength of the Medical Staff lies in preserving the right and responsibility of the Medical Staff for the development and enforcement of appropriate clinical practices, peer review and quality assurance. The practice of medicine in all its forms is the sole responsibility of the medical staff.

Developing Professional Committee Structures

Review the current professional committee structure within your Medical Staff. The single committee required by Joint Commission, CMS, and Pennsylvania is the Medical Executive Committee (MEC). We will look at how to develop an effective MEC (responsibilities, roles, definition in Medical Staff bylaws, etc.), how to select the members, and how to effectively run the meetings.

We will also explore the other traditional committees that are generally part of the organized Medical Staff. Some are required by law, some by accreditation, and some not at all. What committees are still relevant and required? Currently, are there committees in your medical staff structure that are no longer required, or that could be combined with other committees to accomplish the same activities with fewer meetings?

Appointing the right people as committee members and chairs is important. The people selected must have the knowledge and understanding of the role and responsibility of the committee. We will look at how to assemble new member material that is relevant and educational. We will explore how to ensure that the committee chair is prepared for the meeting, can keep it on track, and can ensure that the business of the committee is accomplished. Developing a training program that is brief but effective for committee

chairs is helpful in guaranteeing the success of these committees in accomplishing the business of the Medical Staff.

Gap Analysis Document

The gap analysis document included in this module is designed to help you identify areas of concern that need correction or enhancements, as well as areas that are working well and do not require change. A gap analysis is designed to help you identify where you are now, where you would like to be in the future, and close the gap between the two. Consider establishing a team to complete the document. Carefully consider each question before answering. Enter your analysis of the status, and then decide if additional follow-up or action needs to occur. Now, define your desired outcome — what do you want to see as the new and improved result. These are gaps to be addressed. Assign tasks, due dates and responsible individuals, and list those assignments under Action or Follow-up.

Once the gap analysis document has been completed, at least weekly you should review the action items and list any updates or additional projects completed.

Data to be analyzed does not need to be limited to only those items listed on the gap analysis document. Each Medical Staff has its own particular issues and challenges. Consider adding additional items to the list as you are working on this document to make it all-encompassing for your individual Medical Staff needs. Look for quantitative and well as qualitative data for your analysis.

Interpreting and Using the Results

Depending on the types of data collected, there are several ways to analyze results. For quantitative data, charts and graphs may be used. Where there is available raw data for comparison, this is an easily understood method of sharing results. For more qualitative data,

Testing

Do you want to test your new ideas? Perhaps develop a small “beta” site before rolling out a process change throughout the entire hospital. Select individuals who are fully invested in the process, who understand the changes as well as the desired outcomes. These people are in the best position to see what’s working as well as what is not. Do you need to train the people who will be involved in the testing? Who will be responsible for developing and completing the actual training?

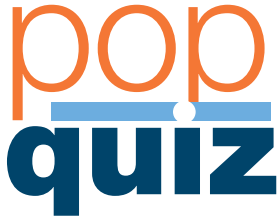
Additional Tools

In addition to using the gap analysis document, you may wish to conduct surveys within your hospital — medical staff, nursing staff, clinical and non-clinical staff, etc., and possibly hospital administrators when useful. Sometimes the results of surveys identify issues that you were not aware of, or possibly, a different perception of a situation than that held by the Medical Staff members.

Organized Medical Staff Officer Structure Examples

This document illustrates several commonly used examples of structure, length of terms, and responsibilities. These include the rationale for these structures, as well as some of the concerns in using these models.

Ongoing monitoring of changes made should be a standard requirement when there are significant changes made to Medical Staff structure. The organized medical staff officers should, as part of their responsibilities, continuously monitor the progress of changes made, identify new issues and concerns, provide ongoing support to those responsible for overseeing and implementing any changes, and continue to maintain a strong, open dialogue with the hospital administration and board of directors.



NAME _____

DATE _____

Medical Staff Committees

1. The governing body ultimately decides which physicians may be appointed as members of the medical staff.

ANSWER: _____

2. The medical staff must have bylaws.

ANSWER: _____

3. Only physicians may be active members of the medical staff.

ANSWER: _____

4. The committees of the medical staff are defined by Pennsylvania law.

ANSWER: _____

5. Medical Executive Committee is a recommended, but not required, medical staff committee.

ANSWER: _____

6. Every medical staff should consider having a medical executive committee for better control over medical staff activities.

ANSWER: _____

7. Under Pennsylvania law, the chairman of a clinical department is not required to be a physician.

ANSWER: _____

(See answers and citations on following pages)

Pop Quiz Answers: Medical Staff Committees

1. True

2. True

28 PA Code § 107.11 — The medical staff shall develop and adopt, subject to the approval of the governing body, a set of bylaws, rules and regulations.

Joint Commission MS.01.01.01 — The primary function of the organized medical staff is to approve and amend medical staff bylaws and to provide oversight for the quality of care, treatment and services provided by practitioners with privileges.

CMS 42 CFR 482.12(a)(3) — The governing body must assure that the medical staff has bylaws and that those bylaws comply with State and Federal law and the requirements of the Medicare hospital Conditions of Participation.

3. False

28 PA Code § 107.2 — The medical staff shall be limited to physicians and dentists who have made application in accordance with the bylaws, rules, and regulations of the medical staff and with the bylaws of the hospital. Each member of the medical staff shall be qualified for membership and the exercise of clinical privileges granted to him. The medical staff must define in bylaws the requirements for admission to staff membership and for the delineation and retention of clinical privileges. The governing body of the hospital, after considering the recommendations of the medical staff, may grant clinical privileges to other qualified, licenses practitioners in accordance with their training, experience, and demonstrated competence and judgment. Members of the medical staff and those granted clinical privileges shall currently hold licenses to practice in this Commonwealth.

Joint Commission MS.01.01.01 — The organized medical staff and the governing body collaborate in a well-functioning relationship, reflecting clearly recognized roles, responsibilities, and accountabilities, to enhance the quality and

safety of care, treatment and services provided to patients. This collaborative relationship is critical to providing safe, high-quality care in the hospital. While the governing body is ultimately responsible for the quality and safety of care at the hospital, the governing body, medical staff, and administration collaborate to provide safe, quality care.

42 CFR 482.22(a) — The medical staff must include doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of non-physician practitioners determined as eligible for appointment by the governing body.

4. True

28 PA CODE § 107.26 (b) — The following additional committees are mandatory:

- (1) A credentials committee — shall make recommendations for staff appointments and reappointments, promotions, demotions, and clinical privileges. The credentials committee shall be advisory and investigative and shall report to the executive committee of the medical staff.
- (2) A tissue committee — shall review and evaluate surgery performed in the hospital when there is a disagreement among the preoperative, postoperative and pathological diagnoses, or where a question of the acceptability of the procedure undertaken has been raised. The tissue committee shall meet at least once monthly, and its reports should be made available to the medical care evaluation committee.
- (3) A medical records committee — shall supervise the maintenance of medical records at the required standard of completeness. Medical records committee shall recommend for discipline any member of the medical staff whose medical records practices fail

to conform with necessary record keeping requirements. Medical records committee shall have at least four meetings annually.

- (4) A medical care evaluation committee
- (5) A pharmacy-therapeutics committee
- (6) A radiation safety committee
- (7) A bylaws committee
- (8) Such other committees as the medical staff deems appropriate.

5. False

Medical Executive Committees are required by PA Code and The Joint Commission.

28 PA CODE § 107.25(a)

- (a) In a departmentalized hospital, there shall be an executive committee, or its equivalent, which represents the medical staff, which has

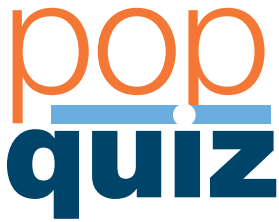
responsibility for the effectiveness of all medical activities of the staff, and which acts for the medical staff.

Joint Commission

6. & 7. False

28 PA CODE § 107.23

Each clinical department chairperson in a departmentalized hospital shall be responsible for departmental implementation of actions taken by the medical staff. He must maintain continuing surveillance of the professional performance of all members of the medical staff with privileges in his department and must report regularly thereon to the medical staff. A clinical department chairman should be certified by the appropriate Board, be eligible for Board certification, or have successfully completed an approved residency training program in the clinical field of which he is chairman.



NAME _____

DATE _____

Medical Staff Structure

1. Hospitals continue to have organized medical staffs because this is a tradition. It is often no longer practical or necessary to continue with this formal body and, therefore, many hospitals can reduce or eliminate the organized medical staff.
ANSWER: _____
2. Legally, the organized medical staff has a responsibility for the quality of all medical care provided to patients.
ANSWER: _____
3. Medical Staff bylaws must be enforced by the organized medical staff.
ANSWER: _____
4. CMS does not allow chiropractors to be members of the organized medical staff.
ANSWER: _____
5. Every medical staff should consider having a medical executive committee for better control over medical staff activities.
ANSWER: _____
6. The medical staff executive committee may initiate disciplinary action on members of the medical staff for ethical violations.
ANSWER: _____
7. Each clinical department chairperson must be certified by the appropriate Board.
ANSWER: _____
8. The responsibility for 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 or the State in which the hospital is located, a doctor of dental medicine or dental surgery.
ANSWER: _____
9. Only physicians (MD, DO) may serve on the medical executive committee.
ANSWER: _____
10. Provisional staff appointment status is optional for new members of the medical staff. If a medical staff chooses to make provisional appointments, it must be included in their bylaws.
ANSWER: _____

(See answers and citations on following pages)

Pop Quiz Answers: Medical Staff Structure

1. False cite to JC, PA

2. True

28 PA Code § 107.1—There shall be an organized medical staff which is accountable to the governing body and which has responsibility for the quality of all medical care provided to patients and for the ethical conduct and professional practice of its members.

Joint Commission MS.01.01.01—The Doctors of medicine and osteopathy and, in accordance with medical staff bylaws, other practitioners are organized into a self-governing medical staff that oversees the quality of care provided by all physicians and by other practitioners who are privileges through a medical staff process.

CMS 42 CFR §482.22—The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.

3. True

Joint Commission MS.01.01.01(6)—The medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.

4. False

CMS 42 CFR §482.12(a)(1)—Medical staff may include other types of health care professionals included in the definition of a physician in Section 1861(r) of the Social Security Act: Chiropractor.

5. False

6. True

28 PA Code § 107.25—The executive committee, or its equivalent, shall: (5) take reasonable steps to ensure ethical professional conduct on the part of all members of the medical staff, and initiate such prescribed disciplinary measures as are indicated.

7. False

28 PA Code § 107.23—A clinical department chairman should be certified by the appropriate Board, be eligible for Board certification, or have successfully completed an approved residency training program in the clinical field of which he is chairman.

8. True

CMS 42 CFR §482.22(b)(3) cite language

9. False

Joint Commission MS.02.01.01(4)—The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy actively practicing in the hospital.

Joint Commission MS.02.01.01(2) – The chief executive officer (CEO) of the hospital or his or her designee attends each medical staff executive committee meeting on an ex-officio basis, with or without a vote.

Establishing a Successful Team

It is important to establish a team staffed with the right people — people who are passionate about the future of the medical staff at their hospital, about the care delivered to patients, and about actively being an advocate for their fellow physicians.

There are many things to consider — who will participate, who will be the leader, are there enough people, too many people? All of these things need to be determined.

What are your goals? Possible goals might be:

- Increase patient care quality and value
- Increase physician satisfaction
- Ensure physician control of patient care
- Strengthen physician leadership and involvement
- Ensure continued physician leadership
- Position medical staff and organized medicine for the future
- Balance the role of the medical staff with what is best for the organization

Often, the core group is “self-identified.” They may be physicians who have expressed concerns among themselves, unofficial “opinion leaders,” as well as concerned individuals who want to do something to make a difference. These people make ideal members for this team. In addition, ensure diversity—different ages, specialties, experiences. Independent practitioners, large group-employed and hospital-employed physicians all bring different perspectives. Chronic complainers may have valid points, or may be constant roadblocks to accomplishing anything of value. Respected members of the physician community legitimize the cause. All of these factors must be analyzed when assembling the team. Emotions may run high. It will be important to ensure that there is someone who will not only smooth ruffled feathers, but also keep the team on task.

An insufficient number of members will limit the input, but too many will prevent anything from being accomplished. Depending on the size of the medical staff, somewhere between 5 and 10 participants is

ideal. A chairperson needs to immediately be identified and agreed upon. This person will officially represent the group and present the findings and decisions of the group, as well as be the spokesperson in medical staff meetings, executive leadership meetings, and governing body meetings. Other members of the team must understand specifically what their roles are. To just say “we need you” is not enough. They must understand exactly what the mission of the team is, and what they, as individuals, are expected to do. Department chairs, medical staff officers and other physician leaders will give the team legitimacy. Do you want to include your CMO? Has he/she at least acted as liaison between the medical staff and the administration? It will be important that the executive leadership be officially notified of the formation of this group, who the members are and what the purpose and goals of the group are, and asked for their support of this endeavor. Develop a tentative but realistic budget for meetings and resources and consider presenting the budget to the administration for approval and funding. This will also help to give the group legitimacy and aid in implementing changes when the time comes. Minutes should be taken of these meetings, and regular status reports given to the medical staff and the leadership team.

Involving other individuals, such as IT, QI, nursing staff, HR, etc., should be considered. These could be permanent members of the team, or participate on an ad hoc basis. Use the available resources when needed to help reach your goals. If you need data, ask the right people. If you want feedback, ask the nurses. If you want to know what the law says, reach out to the hospital attorney. Outside professional organizations, including the Pennsylvania Medical Society, can be useful resources as well.

When recruiting team members:

- Identify the goals
- Be sure they agree with the goals, or at least are willing to consider them
- Be sure they are willing to support the outcomes

- Be sure they will implement the solutions, thereby leading others to do the same

Establish a regular schedule of meetings immediately upon formation of the group, with dates, times and locations provided to each member. Schedule meetings well into the future. Don't underestimate the amount of time needed. It's easier to cancel meetings than to get everyone together on short notice.

Set Ground Rules

Set ground rules for the team from the beginning. Several things are key to a successful team reaching its goals. Trust and commitment are two of the most important. All members of the team must trust, or learn to trust, the others. They must be committed to the task at hand. There may be conflict, but that generates discussion and results. At the end of the process, everyone will agree that the best decisions

were made, or at least be able to be satisfied with the process and compromise. Everyone needs to be heard, which requires everyone to speak. If someone does not agree with the direction that the group is going, they need to speak up. That's where commitment comes in — everyone is an equal member of the team and everyone's opinion matters.

There are many resources available to help guide team-building activities. Several are listed on the Resources page of this module. Often the hospital HR Department will have someone who is skilled in team building. Check with them for resources.

No matter what the challenge is, building a solid, well-functioning team will produce better results. Whether the team is solving administrative problems, or providing clinical care, the process is the same and the same rules apply.

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ASSESSMENT OF CURRENT MEDICAL STAFF STRUCTURE AND RESTRUCTURING FOR THE FUTURE

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Does your health system embrace and support the health team concept?			
Are physicians involved in identifying and developing these teams?			
Are physicians able to work on physician-led teams in cooperation with other health care professionals?			
Are employed physicians at your health system fairly incentivized to implement more team-based care?			
Do your Medical Staff Bylaws outline a nomination/selection process to include selection committee criteria, interview process, balloting rules and decision-making criteria.			
Are your Medical Staff Bylaws regularly reviewed and revised? If so, how often?			
Does the process for nominating physicians for Medical Staff offices include consideration of their ability to work effectively with other physicians as well as the hospital CEO and other administrators?			

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ASSESSMENT OF CURRENT MEDICAL STAFF STRUCTURE AND RESTRUCTURING FOR THE FUTURE

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Are the leaders of your Medical Staff asked by executive leadership for formal feedback on the hired CMO/VPMA.			
The Medical Staff is responsible for patient care and quality. How would/does the OMS exert its authority, if needed, in a situation where executive leadership may oppose their actions?			
How do you develop/nurture a sense of responsibility for overall patient care within the OMS?			
How are violations that may be both medical staff bylaws violations and human resources violations handled when dealing with employed physicians?			
How are the employed physicians at your health system made aware that they need to comply with Medical Staff Bylaws, as well as with their contracts and employment policies?			
Who regularly reviews legislation and accreditation standards that pertain to Medical Staff structure or requirements?			
What behaviors do the successful leaders on your staff display that make them successful?			

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ASSESSMENT OF CURRENT MEDICAL STAFF STRUCTURE AND RESTRUCTURING FOR THE FUTURE

Gap Analysis Tool

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
How are changes supported within the medical staff?			
How are changes supported within the health system?			

Leadership Training and Activities

There are many resources available for leadership training. Some are formal; others are informal but nonetheless effective. We will explore different options.

Data Analysis

Learning to analyze quality data as it pertains to the patient care within the hospital is a vital skill, and essential to the leaders of the medical staff. Improving patient care quality, as well as measuring improvements, cannot be achieved without good data and the ability to understand it. Consider inviting the analysts from the hospital QI department to a meeting of leaders to review the data that is collected, how it is tracked, and how to analyze it for trends. Establish documents that will allow the information to be shared with medical staff members and consider giving each member his/her own data, broken down into acceptable and unacceptable ranges, if the hospital does not already provide this information.

Understanding Hospital Finances

Helping physicians understand the financial situation of their hospital is an important step in engaging them in activities that improve the value of patient care without sacrificing quality. Where does the money come from? Where does it go?

- Invite the hospital CFO to present current financial data—expenses, income, projected gains/loss, etc.
- Invite the CEO of a large physician group to present the same
- Invite private practice physicians to discuss financial issues within private practice—expenses, reduced reimbursements, insurance, staff, etc.
- Provide an unbiased moderator.
- Hold Q & A with a/the panel.

Mentoring and Being Mentored

Physician leaders make great mentors, but they also need their own mentors. Being a leader in a health system is not something that is taught in medical school or residency training. The Institute of

Leadership in Medicine has offered this provocative definition of leadership: “Leadership is about taking people to a place that they would not go on their own. It is about disrupting the core and upsetting the status quo. It is about possessing and utilizing the proper skills to envision a preferred future; having the ability and commitment to persistently scan the horizon for trends that would either negatively or positively impact that future; backcasting by creating strategies that lead toward and enforce the preferred future; designing and promoting an environment of creativity in order to develop strategies to avoid obstacles to the preferred future; supporting and encouraging the development of disruptive innovations that foster, rather than impede, the future; leading the diffusion of those innovations into the general population; integrating change-theory strategies that move people forward in a unified manner; and mentoring manages and followers along the way to keep them focused on the ends.”¹ Finding someone who you admire and respect, who has experience in leadership, will be an invaluable resource. Conversely, if you are already a leader, identifying an up and coming physician leader will provide you with an opportunity to be a mentor for that individual. It is sometimes said that physicians are not willing to be mentors unless they are compensated for it. Don’t believe this. True leaders want to mentor. Most physicians are natural born teachers, and having the opportunity to share and develop future leaders would be one that they would welcome.

- Develop a list of possible mentors
- Develop a list of potential leaders to be mentored
- Develop a list of topics to be covered:
 - How to inspire physicians to become active
 - Key people to work within specific situations, who not to go to, etc.
 - Useful resources for achieving goals
 - Tried and true methods of getting physicians’ attention and interest
 - Guaranteed turn-offs

- History of the medical staff as they know it — the who, what, when, where and why that got us to today
- What isn't working anymore

Recruiting and Retaining Excellent Physicians

- Develop a plan that will later be formalized into a written document, including a checklist for every recruitment activity.
- Group will consider all activities that would make for a successful recruitment experience:
 - Individuals who will meet/interview applicant — make sure all relevant people are scheduled, such as CMO, CEO, Department Chair, Director of Nursing, etc. Any individuals who would be of particular interest based on specialty should also be invited.
 - Develop detailed packet of information to be given to each applicant. Include information about the facility, medical staff, services offered, number of employees, history of health system, any graduate medical education training programs or medical school affiliations, other training programs within the system, call schedule expectations, local chamber of commerce information, brochures on any area highlights, information on local schools, colleges, cultural activities, etc. Consider what you would want to know if you were relocating.
 - Most people prefer one-on-one interviews. Don't overwhelm applicant with a room full of people. This may be reserved for an exit meeting, if desired.
 - Provide detailed tour of the facility, with special attention to areas of particular interest based on physician specialty.
 - Ensure that enough breaks are built into the schedule to provide time for applicant to be able to check emails, return phone calls, etc. Be sure snacks and lunch are provided during the day.
 - Location of interviews — make sure it is a comfortable, appealing environment
 - Overnight accommodations — make sure they are of good quality. If no one is personally familiar with the facility, have someone visit to look at guest rooms, fitness center, lobby, etc. to ensure that it is appropriate for a visiting guest.
 - Plan dinner/social activities for applicant and spouse, if applicable. Prior to visit, contact applicant to see if they or their spouse have any special dietary requirements. Be sure to accommodate these when selecting dining venue, and ensure that the venue is the best available in your area.
 - If a spouse/significant other is coming, schedule time for them to tour the area. Consider engaging a knowledgeable, professional realtor who would be willing to explore the area, discuss schools, housing, shopping, and other things of interest, with the understanding that this may not be a potential client.
 - Determine if they will be bringing children along. If so, provide for age-relevant activities and dinner, if permissible with applicant. If providing babysitting services, be sure that service used is someone reliable and have them introduced to applicant and spouse, providing contact information and information about location and activities that children will be engaged in.
 - Make sure that all questions are answered, or that the answers will be obtained and forwarded to applicant. Have one individual collect any questions from applicant and/or spouse to coordinate and make sure they are handled appropriately.

- Once everything is decided, build a checklist of all items noted above. Use this every time an applicant is scheduled to interview. Determine who within the system will handle the arrangements — someone in the CEO's or CMO's office, someone in Human Resources, etc. Be consistent and if possible, always have the same person/people handle these arrangements.
- Develop a formal written process detailing all of the items as decided above. Be specific, from the name of the room(s) used for interviews to the hotel used for accommodations, names of individuals involved in interviews and all activities. This information should reside with individuals responsible for scheduling and will ensure consistent and appropriate recruitment activities.

Communication

Learning to listen includes learning to empathize with the speaker. Put yourself in the speaker's position. Imagine what you would feel like, and the challenges you might face in the same situation. That is the first step to effective communication. There are many courses that teach effective listening skills, and there are many ways to communicate. With a few simple methods, you can learn to be an effective communicator and an effective listener.

- Communicate simply and clearly. Don't overburden with unnecessary details. Keep it simple but complete and factual. Get to the point!
- When communicating with medical staff members, one method is usually not enough. Some read email, some want faxes, some read their paper mail. The efficiency of one method is understood, but it may not be reaching your target audience. Try sending the same communication by

email and fax. If it's something that is extremely important, send it by email, fax and regular mail. The added expense of postage is insignificant if the information is important. Post information in the physicians' lounge and any other areas where physicians are likely to see it. Post on intranet website for the hospital as well.

- Use the hospital intranet physician site regularly. Keep it up to date and remove old items. Make it a dynamic message board and physicians will visit it. Let it stagnate, and it will become useless. Intranet is an effective tool and easy to use. Post meeting reminders, upcoming conferences and grand rounds, general announcements, even pictures of medical staff activities. It is a great way to engage physicians and bring them back to the site.
- Agendas for meetings are a method of communication. Be sure that they provide enough detail so that attendees understand what will be discussed, and send them out early enough so that people have time to review them.

Resources for Legal and Accreditation Requirements of Medical Staff

- Hospital attorney
- Medical staff attorney
- Medical society attorney
- Medical staff director

¹. Barry A. Doublestein, SFILM, The Institute of Leadership in Medicine, 2011. Article adapted from its published form in the June 2010 edition of the Harvard Business Review

Leadership Roles and Responsibilities

What Do Leaders Do?

A leader's role is to lead. It is an obvious statement, but what does it mean? It is generally understood that the success of any organization is everyone's responsibility, from the maintenance worker to the CEO. In the organized medical staff, success is dependent upon everyone—from the private practitioner, system-employed physician, large group-employed physician, through the department chairs, committee chairs, to the president of the medical staff. Physicians must realize that if they do not support one another, and strongly stand together for patient care, safety, quality and value, they will no longer have control over their own practice of medicine.

One of the roles of a leader is to direct the efforts of others. Be clear about what you value and continuously seek positive change while sharing your values with other physicians. Make no mistake about the value an individual leader can have. Remember that leaders are not managers. They are not responsible for the day-to-day direction and operation. They are responsible for having a vision, influencing change and providing guidance. Physician leaders should also participate in the hospital's long-range goal planning from the patient care perspective.

In addition, physician leaders should be looking beyond the needs of their hospitals, and assisting in identifying community health needs, and helping to develop and implement appropriate institutional policies and procedures to better serve the community at large.

Who Are Leaders?

Medical staff leaders include:

- Medical staff officers
- Department and division chairs
- Section chiefs
- Committee chairs
- Program directors

Whether you are an employed physician (by the hospital or a large outside group), or in private practice, you have one thing in common – you care deeply about the quality of patient care provided in your community. As a leader, you can help develop and sustain an organizational culture that supports the consistent delivery of exceptional patient care.

Leading physicians within a medical staff structure can be a daunting task. How do you get everyone “on board”? CAN you get everyone “on board”? You need facts, facts, and more facts! You can talk, lecture, and wax philosophic all day, but if you do not supply data and research to support what you are saying, physicians will not engage. Once presented, however, you have their undivided attention. Leaders will always supply data to support what they are communicating. Is there a quality problem? Present data. Is there a reimbursement problem? Present data. Is there a readmission problem? Present data. Better yet, present physicians with their own data. Physicians are scientists. They respond to data.

Are You Having Visions?

Leaders have a vision. They see what's happening, and envision what needs to happen next. They anticipate problems and solutions. They think, research, discuss, challenge and offer solutions. They inspire those around them to act. How do you accomplish this?

- Share your vision
- Share your concerns
- Share your research
- Share your ideas for solutions

Schedule meetings with key people. Meetings don't need to be long or formal. You can meet in the cafeteria for breakfast before rounds, you can catch a few minutes after Grand Rounds or you can meet in the doctor's lounge for a half hour. It doesn't need to be complicated. Text a few people to get together, and get started sharing your ideas, concerns and goals. Word

will spread. People will talk. Once enough interest is generated, then you can schedule formal meetings. The people who are interested will rise to the surface, and these are the people that you can now work with to make change.

Are You Committed?

Meaningful and substantial change requires commitment on the part of everyone involved, but most especially the leaders. Getting it started is not enough. You have to see it through to the end. Everyone gets busy, no one more so than physicians, but you must stay on task. Leaders will be willing to see things through to the end, even to the point of sometimes being annoying! You must keep everyone focused on the tasks. How do you keep them, and yourself, moving forward?

- Set reminders on your calendar to send out quick emails or text messages to the participants.
- Make sure the group meets regularly, even if only to touch base.
- Keep a log of how long the group has been working on the project and accomplishments to date. Looking back at where you were often helps to keep you on track by identifying what you have accomplished so far, and can be used to keep participants from becoming discouraged by what they may perceive as a lack of progress.
- Keep researching. Check for articles on the internet, read journals. Nothing invokes commitment like fresh data and new ideas.

Examples of Responsibilities

Each medical staff structure, as outlined in your bylaws, may have different requirements and different names for each office or position, but below you will find the most common responsibilities for each. This should not be considered an all-inclusive listing.

Medical Staff President

- Develop agendas for medical staff meetings and preside at these meeting.
- Serve as chairperson of the Medical Executive Committee.
- Coordinate activities between hospital administration, nursing services, and other patient care services, with those of the medical staff and act in cooperation with these bodies when involving the care of patients in the hospital.
- Serve ex-officio on all medical staff committees.
- Represent the views, policies and concerns of the medical staff to administration and board of directors.
- Act as liaison between medical staff and administration/board, and provide information and interpret for the medical staff any policies enacted by the board of directors.
- Enforce medical staff bylaws as required, ensure compliance of members of the medical staff with ethical conduct and professional demeanor, and direct adherence to policies and procedures which govern professional practice within the hospital.
- Oversee and ensure compliance with procedural elements in instances where corrective action is requested against a member of the medical staff.
- Appoint committee chairpersons.
- Oversee medical staff clinical quality activities, including process measurements, assessments and improvements.

Vice President

- Serve as a member of the Medical Executive Committee.
- Assume duties and authority of President when absent, or replace President if needed.
- Work with Medical Staff Treasurer to develop annual budget of Medical Staff.
- Serve on other committees.
- Assume any other duties assigned by President.
- Maintain responsibility for collection, retention, distribution and account reporting of medical staff funds.
- Serve as a member of the Medical Executive Committee.
- Serve on other committees as assigned.

Secretary –Treasurer

- Record or oversee the recording of transactions of medical staff meetings.
- Maintain or oversee the maintenance of membership roster.

Examples of Organized Medical Staff Officer and Physician Leader Structure

The type of structure that works best for your medical staff is dependent on several factors—number of physicians on staff, size of hospital, number of departments and/or divisions.

Titles—President, Chief of Staff, President-Elect, Vice President, Vice Chair, Vice Chief of Staff, Past President, Past Chief of Staff, Immediate Past President, Secretary/Treasurer, Secretary, Treasurer, Members-at-Large are just a few examples. The titles may vary, but the roles and responsibilities should not.

Some hospitals also have additional officers—Chair of Credentials, Chair of Peer Review, Chairs of Medical Services and Surgical Services are examples.

Terms—Should they be one year, two years, or three years; or should officers be elected for one office for one term, or progress through offices? Can they be re-elected to additional terms?

Considerations—Must they be, and remain, members of the active medical staff? Do you only consider MDs and DOs for officers? Are they required to have served as a chairperson of a committee, or in some other leadership positions previously in order to be eligible? On what other committees do they automatically serve? Which officers are also members of the Medical Executive Committee? Which will serve as members of the Board of Directors, representing the medical staff? Do you allow officers who simultaneously hold leadership positions on another hospital medical staff? For extended (more than one year) terms, should you add to your medical staff bylaws the requirement to hold an annual “retention/no confidence” vote by the medical staff as a mechanism for removing less than effective officers?

Example 1

- Immediate Past President
- President
- President-Elect

- Secretary/Treasurer

Each serves a two-year term in each office until progressing to the next level, for a total of 8 years.

Benefits—By the time of the presidential appointment, the individual has four years of experience as a medical staff officer and leader and will be fully knowledgeable of all the issues and concerns currently facing the medical staff and hospital administration.

Cons—This model makes for an eight-year commitment as a medical staff officer. Some individuals may not be willing to devote this much time to their role. Some might burn out before their time is up. Is the role of Secretary/Treasurer necessary?

Example 2

- Immediate Past President
- President
- President-Elect
- Members at Large

Each serves a one-year term. President and President-Elect have an option to extend their office for one additional year. New Members at Large are elected each year, and do not necessarily progress to President-Elect office.

Benefits—The time commitment for each Member at Large is only one year. The time commitment for the remainder is three to six years, depending on if they use the option to extend.

Cons—By the time the President takes office, he/she will only have had one prior year of experience as a medical staff officer, requiring significant “on-the-job” training. Predictably, by the time they complete their Immediate Past President role, they have achieved a valuable level of expertise that now will be lost.

Example 3

- President
- Vice President
- Secretary/Treasurer

Each serves a two-year term, progressing to the next level. When the president's term expires, he/she has the option to choose to serve an additional two year term as Immediate Past President, representing the medical staff on various committees and Board of Directors as outlined in the Medical Staff Bylaws.

Benefits—At the time of assuming office of President, he/she will have four years of experience as a medical staff officer. In addition, the President, upon leaving office, has the option of serving an additional two years as a leader of the medical staff.

Cons—Requires a six-to-eight-year commitment.

Example 4

- Chief of Staff
- Vice Chief of Staff
- Associate Chief of Staff
- Past Chief of Staff

Each serves a two-year term. Election of a new Vice Chief of Staff occurs every two years and will progress to Chief of Staff at the end of the term. The Chief of Staff appoints the Associate Chief of Staff. If needed, the Chief of Staff may appoint more than one Associate Chief of Staff. This appointment requires approval by the Medical Executive Committee. The Chief of Staff and/or the Medical Executive Committee delegates the duties of the Associate Chief of Staff and Past Chief of Staff.

Benefits—The appointment of Associate Chief of Staff can help alleviate many of the hands-on duties for which the Chief of Staff may need assistance. Because the Chief of Staff makes the appointment, it should be someone that he/she works well with.

Due Process Rights

As a matter of general principle, physicians are entitled to due process under the Medical Staff Bylaws to challenge adverse actions involving a medical staff appointment or clinical privileges. In recent years, reliance on the fair hearing process as a means of adjudicating concerns about a physician's clinical competence or behaviour has steadily eroded because of the dramatic shift in physicians' status from independent practitioners to employees of hospital systems.¹ Employment agreements often provide that physicians' medical staff appointments will terminate automatically upon the termination of employment without any right to challenge the termination through the fair hearing process provided by the Medical Staff Bylaws. When the fair hearing process is bypassed, medical staff authority and responsibility to oversee quality of care and the conduct of its physicians is significantly diminished. On the other hand, as anyone knows who has ever been part of a fair hearing process, fair hearings are costly financially and emotionally, time-consuming and potentially divisive within the hospital community. Physicians may be deprived of a fair hearing, but the termination of employment is not reportable to the National Practitioner Data Bank.

The Joint Commission (TJC) requires that the organized medical staff develop a fair hearing and appeal process and documents the mechanism to schedule a hearing; procedures for the hearing to follow; composition of the hearing committee as a committee that includes impartial peers; and, with the governing body, provides a mechanism to appeal adverse decisions as provided in the medical staff bylaws. (TJC MS.10.01.01)

Per TJC, Rationale for MS.10.01.01: Mechanisms for fair hearing and appeal processes are designed to allow the affected individual a fair opportunity to defend herself or himself regarding the adverse decision to an unbiased hearing body of the medical staff, and an opportunity to appeal the decision of the hearing body to the governing body. The purpose of a fair hearing and appeal is to assure full consideration and reconsideration of quality and safety issues and, under

the current structure of reporting to the National Practitioner Data Bank (NPDB), allow practitioners an opportunity to defend themselves.

In the case of decision to limit or deny privileges, TJC states that the hospital must make the practitioner aware of available due process or, when applicable, the option to implement the Fair Hearing and Appeal Process for Adverse Privileging Decisions. (TJC MS.06.01.09)

In the case of impaired physicians, TJC states: The organized medical staff and organization leaders have an obligation to protect patients, its members, and other persons present in the hospital from harm. Therefore, the organized medical staff designs a process that provides education about licensed independent practitioner health; addresses prevention of physical, psychiatric, or emotional illness; and facilitates confidential diagnosis, treatment, and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition. The purpose of the process is to facilitate the rehabilitation, rather than discipline, by assisting a practitioner to retain and to regain optimal professional functioning that is consistent with protection of patients. If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a practitioner is unable to safely perform the privileges he or she has been granted, the matter is forwarded for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements. Note: Organizations should consider the applicability of the Americans with Disabilities Act (ADA) to their credentialing and privileging activities, and, if applicable, review their medical staff bylaws, policies, and procedures. Federal entities are required to comply with the Rehabilitation Act of 1974. (TJC MS.11.01.01)

MS.11.01.01 states that there must be process design that addresses education of licensed independent practitioners and other organization staff about illness and impairment recognition issues specific to licensed independent practitioners; self referral by a

licensed independent practitioner; referral by others and maintaining informant confidentiality; referral of the licensed independent practitioner to appropriate professional internal or external resources for evaluation, diagnosis, and treatment of the condition or concern; maintenance of confidentiality of the licensed independent practitioner seeking referral or referred for assistance, except as limited by applicable law, ethical obligation, or when the health and safety of a patient is threatened; evaluation of the credibility of a complaint, allegation, or concern; monitoring the licensed independent practitioner and the safety of patients until the rehabilitation is complete and periodically thereafter, if required; reporting to the organized medical staff leadership instances in which a licensed independent practitioner is providing unsafe treatment; initiating appropriate actions when a licensed independent practitioner fails to complete the required rehabilitation program; and identifying and managing matters of individual health for licensed independent practitioners.

The organized medical staff is responsible to ensure that the Medical Staff Bylaws provide for a thorough investigation and fair hearing process. Think about situations that have happened in your own hospital. Were they handled well? Could they have been handled better? Was the physician in question treated fairly? Did the punishment fit the crime? Were all options explored prior to corrective action? Who was responsible for the investigative process, and was this the right person?

Generally, there are three categories of physicians who find themselves in these situations—the impaired or aging physician, the physician whose behavior undermines a culture of safety (the formerly “disruptive physician”), and the physician with concerns about clinical competence.

The Impaired Physician

The AMA’s 1973 publication “The Sick Physician” defines impairment as “A physician who is unable, or potentially unable, to practice medicine with reasonable skill and safety to patients because of

physical or mental illness, including deterioration through the aging process or loss of motor skills, or excessive use or abuse of drugs including alcohol.”

The incidence of impairment for physicians is generally not higher than that of the general population. Studies suggest that 15% of all physicians will manifest significant impairment at some point in his/her career, but the rate of recovery is higher for physicians than for non-physicians. (AMA 2012).

Consider the reasons that recovery is higher for physicians—a lot to lose, community embarrassment, available resources and understanding of the clinical processes involved, etc. When developing a process to deal with the impaired physician, keep these things in mind and empathetically acknowledge your awareness of these factors when communicating with the physician.

TJC states “The purpose of the process is to facilitate the rehabilitation, rather than discipline, by assisting a practitioner to retain and to regain optimal professional functioning that is consistent with protection of patients.” (TJC MS.11.01.01 Rationale)

Educating the medical staff on the importance of addressing impairment issues is important. It helps to encourage physicians that discussing or identifying an impairment isn’t “squealing” and that early intervention offers a better chance of recovery. In addition, open discussions and education can create an atmosphere of support for the impaired physician.

For physicians in Pennsylvania, the Medical Practice Act of 1985 P.L. 457, No. 112, Section 4 (f) states: Any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license shall make or cause to be made a report to the board.... Failure to provide such report within a reasonable time from receipt of knowledge of impairment shall subject the person or facility to a fine not to exceed \$1,000. This is an

opportunity for physicians to advocate for each other as well. The medical staff should consider creating a formal impairment policy and procedure that would outline the processes that would be followed upon identification of an affected physician—assessment, monitoring, who receives the information in order to maintain confidentiality, and what resources are available as options to the provider.

The Aging Physician

In addition to drugs or alcohol problems, aging physicians can present concerns. It is well known that cognitive function deteriorates with age, and this can often be a problem with physicians who are not willing to self-limit procedures or other patient care activities. Physical response time slows, memory declines, and stamina decreases. No one looks forward to dealing with these issues, but they must be handled appropriately for patient safety, physician consideration and hospital risk. These physicians should be approached with care, by someone they respect. They need to be treated with the respect they deserve. Pointing out that there are other options that would allow them to continue to be active will help. There are accommodations that can be made for physicians who are not yet willing to retire, but need to limit their activities. Call can be eliminated, clinic hours shortened, they could act as first assistant in the OR, etc.

There are many resources available to help with assessment, treatment and ongoing monitoring of impaired physicians. The Foundation of the Pennsylvania Medical Society offers the Physicians' Health Program (PHP) that assists the physicians and their families. The PHP offers assessment, monitoring, advocacy, and assistance to hospitals and educational programs for the medical staff.

Establishing a Health and Advocacy Committee, which would only meet on an ad hoc basis, would be beneficial in these situations. This committee does not necessarily need to be made up entirely of medical staff members, and in fact, should probably include psychiatrists, psychologists, addiction

medicine specialists, occupational therapists and other practitioners who would be able to offer professional, unbiased guidance.

The Physician with Behavioral Concerns

In the past, these physicians were referred to as “disruptive physicians.” This moniker has been overused and much abused in many cases. Sometimes, a physician is simply rightfully angry about a legitimate situation and perhaps expresses that anger, but is not being “disruptive” that is expressing him/herself in a manner that interferes with hospital operations. This label, unfortunately, has been used on occasion to suspend or terminate a physician's privileges and/or employment. As a result, The Joint Commission has changed their verbiage from “disruptive behavior” to “behavior that undermines a culture of safety.” No—places emphasis on safety.

A formal professional code of conduct document can be beneficial in not only defining what constitutes this type of behavior, but also what will be done in the event that it occurs. Development of professional codes of conduct is explored in detail in Module 5 (Aligning Values).

The Physician with Clinical Competency Concerns

The medical staff is responsible for establishing and maintaining patient care standards and oversight of quality of care, treatment and services rendered by practitioner's privileges through the medical staff process. (TJC MS.03.01.01) The medical staff is required to measure and assess patient care when provided by physicians, and when that assessment reveals care that is not meeting standards, the Medical Staff is responsible for improvement. As part of the required OPPE (ongoing professional practice evaluation) process, review of clinical data is an ongoing part of quality improvement activities within the hospital. The Medical Staff must define in its bylaws the circumstances requiring monitoring and evaluation of a practitioner's professional performance.

The Medical Staff is responsible for action on any reported concerns regarding a physician's clinical practice and/or competence. (TJC MS.09.01.01)

It is important that corrective actions are clearly documented for each level of adverse finding, making sure that the corrective action fits the situation, is fair, and is designed to improve care while providing patient protection.

A formal letter should be part of the process. It should include the area of concern, any supporting documentation, the next steps that will occur including whether there will be an investigation and who (by name) will be conducting and/or reviewing the findings. It should also clearly state what is expected of the physician at this time. Any time a decision has been made, the physician must be notified. It may be beneficial to involve the physician in the investigation in order to provide clarification or missing documentation, or additional input that may help with decision-making.

Options to Explore Before Formal Investigation

More and more medical staff leaders are using a collegial intervention approach before any type of formal action is taken. This is often all that is needed to get things back on track, particularly if the physician is willing to be open about the issues. Develop a formal impairment policy with procedures that outline how to address potential impairment and what resources will be used for assistance to the physician. Develop a formal review and evaluation process for clinical concerns that outlines the steps taken, what data will be reviewed, monitoring activities, corrective actions that will be taken under which circumstances, and who makes these decisions. Develop a professional code of conduct that clearly explains what behavior is considered unacceptable, and what steps will be taken to remedy the situation, including mandatory psychiatric evaluation, continuing education courses and other options.

When developing these documents, be sure to consider what will happen if the physician is not willing to discuss issues, is belligerent, denies any problems or otherwise does not wish to participate in collegial intervention. What are your options if he/she refuses to participate in formal evaluation? What recourse do you have and where can you go for help?

There are several options available to help. One of these is LifeGuard®, a service offered by the Foundation of the Pennsylvania Medical Society. Physicians referred to LifeGuard® first undergo a neuro-cognitive screen, in which problems—such as acute psychiatric illness or cognitive deficits—are either ruled out or identified. Following this screening procedure, physicians can move on to clinical skill assessment using resources available from Pennsylvania medical schools, chart review, or testing modules.

Right to a Fair Hearing

This is a challenging issue unless otherwise preempted by agreement (i.e. an employment agreement), physicians have the right to a fair hearing in the event certain adverse actions against their medical staff appointments and/or clinical privileges are taken or proposed (as spelled out in the medical staff bylaws). The steps in the process should be clearly articulated in the medical staff bylaws.

Medical staff leaders need to be sure that the right to due process and a fair hearing are consistently afforded the physicians on their medical staff. It must be the medical staff members and leadership that fights for these rights, ensuring that physicians are treated appropriately and fairly.

** These statements in no way should be considered legal advice. Legal advice should be obtained from an attorney.*

Medical Staff Bylaws, Rules & Regulations Notes

Things to remember:

- The medical staff, as defined by state law, CMS and The Joint Commission, is a formal body that has rights and responsibilities, including the right to self-governance.
- The medical staff should never give up any of its rights or responsibilities, particularly those that affect quality of patient care and safety, medical decisions, or control of clinical processes. The medical staff is responsible for all clinical care within a hospital.
- Medical staff bylaws are a contract, and legally enforceable.
- Medical staff has the responsibility to advocate for its members.
- Medical staff must hold its leaders accountable.
- Bylaws, and Rules and Regulations of the Organized Medical Staff must be routinely reviewed and updated to ensure that the medical staff has necessary power to uphold its responsibilities.
- Bylaws, and Rules and Regulations must always protect the physician's right to a fair hearing.
- Bylaws must clearly define selection criteria, as well as removal process, for medical staff leadership. The circumstances under which a leader would face removal is clearly described.
- Bylaws must clearly define criteria for membership and clinical privileges.
- Be sure to include exact directions of what must be done to handle emergency credentialing in the event of a disaster—i.e., minimal amount of documentation required, term of privileges, etc. (see Credentialing Resource Center April 2013)
- Recommendation from AMA, and supported by Pennsylvania Medical Society—"Physician's Unfettered Right to Exercise Personal and Professional Judgment"—Physician shall have the unfettered right to exercise his/her personal and professional judgment in voting, speaking, and advocating on any matter regarding (i) patient care interests, (ii) the profession, (iii) health care in the community, (iv) medical staff matters, and (v) the independent exercise of medical judgment. This shall include the unrestricted right to refer patients to other physicians and facilities as per the professional judgment of Physician. Also, Physician shall not be deemed in breach of his/her employment agreement, nor shall Physician be subject to employer retaliation, including but not limited to, termination of employment agreement, commencement of any disciplinary action, or any other adverse action, based on Physician's exercise of the foregoing rights. (AMA Annotated Model Physician-Hospital Employment Agreement 8.1 , March 2012)

module 2

ASSESSMENT OF CURRENT MEDICAL STAFF STRUCTURE AND RESTRUCTURING FOR THE FUTURE

Committee Assessment Tool

Name of Committee	
What is the purpose of the committee?	
Is it required by law and/or accreditation?	
Is the purpose clearly defined in writing?	
Where is the purpose described?	
Do committee members know the purpose?	
How do you determine if the purpose is fulfilled?	
Who are the committee members?	
In which documents are the members and their roles specified?	
Is it clear which members are voting members vs. non-voting or ex-officio?	
Where are the minutes and records maintained?	
Who takes the minutes?	
How often is the committee supposed to meet?	
How often did the committee meet in the last 12 months?	
Was the meeting ever cancelled because of lack of quorum? How often?	

module 2

ASSESSMENT OF CURRENT MEDICAL STAFF STRUCTURE AND RESTRUCTURING FOR THE FUTURE

Committee Assessment Tool

Name of Committee	
Was the meeting ever cancelled because of lack of agenda items? How often?	
Do committee members regularly attend this meeting? If not, who and why?	
To where does this committee feed its findings/tasks? Med Exec, etc.	
Are new committee members given formal training prior to attending their first meeting?	

Possible Committees:

- Infection Control
- Quality Improvement
- Pharmacy & Therapeutics
- Medical Records
- Institutional Review Board
- Cancer Committee
- Credentials Committee
- Tissue Committee
- Blood Usage Committee
- Patient Safety
- Special Care
- Utilization Review
- Morbidity & Mortality
- Others

References/Resources/Readings

Pennsylvania Medical Society Webinar:
Staff Bylaws and MS 01.01.01: [www.pamedsoc.org/
MainMenuCategories/Multimedia/VideoWebinars/
Staff-Bylaws.html](http://www.pamedsoc.org/MainMenuCategories/Multimedia/VideoWebinars/Staff-Bylaws.html)

American Medical Association, Physician's Guide to
Medical Staff Organization Bylaws:
www.ama-assn.org/go/omssbylaws

American College of Emergency Physicians:
[www.acep.org/WorkArea/DownloadAsset.
aspx?id=8942](http://www.acep.org/WorkArea/DownloadAsset.aspx?id=8942)

American Medical Association OMSS Education on
Medical Staff: [www.ama-assn.org/ama/pub/about-
ama/our-people/member-groups-sections/organized-
medical-staff-section/education/omss-education-
medical-staff.page](http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/organized-medical-staff-section/education/omss-education-medical-staff.page)

Achieving Efficiency: Learning from Four
Top-Performing Hospitals. [www.whynotthebest.org/
uploads/download/141](http://www.whynotthebest.org/uploads/download/141)

The Foundation of the Pennsylvania Medical Society and the Pennsylvania Medical Society extend their sincerest appreciation to the Physicians' Foundation for its investment to develop and refine these learning modules focused on creating an optimal governance structure.