



# CalvertHealth

## New Provider Orientation



# Calvert Health System



## Module 3: Your Responsibilities as a Member of the Medical Staff



# Outline

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# Medical Staff Office

- Key contact information
  - **Phone:** 410-535-8242; **Fax:** 410-535-8243
  - **Sabine Lederer**, CPMSM, Medical Staff Services Director
  - **Linda Tierney**, Credentials Specialist
  - **Meghan Westlund, RN**, Medical Staff Clinical Liaison
  - **Theodore N. Tsangaris, MD**, Vice President of Medical Affairs



# Introduction to Medical Staff Membership

- All members of the medical staff are required to understand and comply with **Medical Staff Bylaws and Medical Staff Rules and Regulations.**
- Copies have been provided to you and are available on Compliance 360.





# Purpose of the Medical Staff

- Single organized body, responsible to the Board, whose purpose is to ensure that:
  - All patients are treated equally
  - All members behave professionally and ethically and follow continuous improvement processes to ensure high levels of patient care
  - Individual practitioners can obtain membership and fulfill their obligations
  - There is collaboration between the practitioners, the Board and administration in the development of policies, strategic planning and leadership



# Medical Staff Responsibilities

- Detailed in Bylaws, but major tenets include:
  - Peer review for patient care, assessment and corrective action with practitioners
  - Continuous quality improvement
  - Continuing education
  - Active participation of all members is encouraged through meetings, committees, and board membership
  - Proactively meeting changing health needs of community
  - Provide call coverage for unassigned patients



# Responsibilities of Individual Medical Staff Members

- Responsibilities include but are not limited to:
  - Provide patients with continuous care
  - Provide timely and effective communications
  - Abide by Medical Staff bylaws, rules and regulations, state laws, other lawful standards, policies and rules of the hospital
  - Adhere to the “Principles of Medical Ethics of the American Medical Association”
  - Be familiar with The Joint Commission and cooperate with the hospital with acquiring and maintaining TJC accreditation
  - Disclose any potential conflicts of interest
  - Maintain professional liability insurance
  - Maintain appropriate licensure and certifications (State, DEA, CDS)
  - Notify Chief of Staff or CEO of any change in professional status or privileges, insurance coverage, DEA or CDS certification
  - Notify Medical Staff Office of any change in home and/or office address, phone numbers, email addresses





# Types of Membership

- Medical Staff is made up of Employed, Independent and Contracted Medical Professionals with Active or Consulting status
  - **Employed:** Calvert Physician Associates with 30+ providers in primary care and specialty practices employed by Calvert Health System
  - **Independent:** Primary Care and Specialty providers in independent medical practices; granted privileges by the Hospital but not employed by the Health System
  - **Contracted:** Hospitalists, Emergency Medicine, and Anesthesia providers are contracted through third party companies (Affinitas, Alteon, NAPA) to provide 24/7 in-hospital medical care

		Admitting Privileges	Takes Hospital Call	Maintains Local Office	Able to Vote, Hold Office*
Active with Admitting Privileges	Regularly admits pts to hospital (Generally Hospitalists and/or hospital-based specialist)	Yes	Yes	Required (not hospitalists)	Yes
Active without admitting privileges	Refers pts to hospital for admission (Primary Care, Pediatrics)	No	No (PCPs may provide coverage for other PCPs)	Required	Yes
Consulting	Provides consultation on written request by attending physician	No	Yes	Within 25 miles of CMH	No

\*Voting restrictions apply for new members; see Bylaws for details.



# Role of Allied Health Professional Staff

- Allied Health Professionals (AHPs) are in service throughout the hospital, the employed provider network, and independent practices
  - **CRNPs/CRNAs** see and treat patients, prescribe medications and diagnostic tests independently and without oversight by an MD
  - **PAs** require minimal oversight by an MD to review charts and medical decisions
- At Calvert Health, AHPs are afforded the same level of respect and trust in their professional judgement as all MDs and DOs



# Focused Professional Practice Evaluation (FPPE)

- FPPE is a process intended to confirm competence of a practitioner for a broad or specific (new) skill set
  - Practitioner is new to the organization
  - Any practitioner whose competency is questioned
- Performed for all practitioners seeking new privileges or changes in privileges
- Evaluation process may include prospective proctoring, concurrent proctoring or retrospective evaluation



# Requirements to be Granted Privileges

- Privileges (membership in Medical Staff) is granted based on applicant's qualifications as demonstrated by:
  - Educational attainment, Residency, and/or Fellowship achievements
  - Skill in his/her stated specialty
- Practitioners must always maintain and be able to prove appropriate licensure and certifications:
  - Maryland State Medical License
  - DEA License
  - CDS License
  - Insurance
- All MDs/DOs must be Board Certified or Board-Eligible with a commitment to attain board certification



# Receiving and Maintaining Privileges

- Granting of privileges is recommended by the relevant Department Chair to the Credentials Committee (CC), Medical Executive Committee (MEC) and Joint Quality Improvement Committee (JQIC)
- Upon CC, MEC and JQIC approval the applicant is presented to the Board of Directors for final approval
  - Credentialing for new appointments should begin 120 days prior to proposed start date
- Granting of privileges is subject to:
  - Mandatory drug and alcohol screening
  - Baseline health assessment
  - Background and criminal record check
  - Verification of licensure
  - Attainment of Board Certification or documentation of board eligibility
- Medical Staff appointments are for 2 years
  - New appointments and Reappointments
- Privileges are practitioner-specific and may be limited in scope to practitioner's demonstrated areas of certification or training
- Requests to change privileges (i.e., staff category, department, assignment, clinical privileges) must be made by written application to the department chair



# Temporary Privileges

- Temporary privileges may be granted for up to 120 days with approval by the CEO or designee, and at the recommendation of the Chief of Staff
- Practitioner's qualifications and licensure must be verified prior to recommendation AND practitioner must acknowledge in writing that s/he has read and agrees to Medical Staff Bylaws and all Medical Staff Rules and Regulations





# Suspension of Privileges

- Privileges are administratively suspended if practitioner:
  - Fails to maintain required licensure or certification
    - State DEA, CDS, Medical, CPR, etc.
  - Fails to maintain appropriate liability insurance
  - Fails to complete patient medical records in a timely fashion
- Privileges are reinstated once the practitioner has corrected the suspending situation
- Contract practitioner privileges terminate on expiration or termination of:
  - contractual relationship between contracted entity and hospital
  - practitioner's relationship with contracted entity



# Peer Review and Practice Evaluation

- **Purpose:** measure, assess, and improve performance on an organization-wide basis
- May be called to:
  - Assess ongoing professional competence
  - Determine cause or trends in unexpected patient outcomes
  - Determine compliance with adopted rules, regulations and bylaws
  - Conduct 'root cause' analysis of sentinel event
- Process includes practitioners of equal standing (education and training) from same or related specialty
- Results required within 90 days of competence question or sentinel event
- External professional review may be utilized if no internal 'peers' exist
- Corrective action (if any) determined by MEC



# Medical Staff Organization

- Current departments:
  - Anesthesia
  - Cardiology
  - Emergency Medicine
  - Family Medicine
  - Surgery
  - Medicine
  - Orthopedic Surgery (incl Podiatry)
  - Ophthalmology
  - Pathology and Laboratory Medicine
  - Pediatrics
  - Psychiatry
  - Radiology
- Medical Staff members and AHPs are assigned to a single department
  - May be granted clinical privileges in multiple
- Department responsibilities include:
  - Review and evaluate and report on quality of care within the department
  - Review all clinical work within the department
  - Establish guidelines for granting of privileges and evaluating performance of services within the department
  - Determine requirements for continuing education for department members
  - Monitor adherence to bylaws, rules, regulations and hospital policies
- Departments meet at least 3 times per year



# Requirement for Medical Staff Participation

- Medical Staff is a member-led organization
- Officer level positions include:
  - Chief of Staff
  - Vice Chief of Staff
  - Secretary/Treasurer
- Officers are elected by active medical staff members to serve two (2) year terms
- Each department elects their own department chair to serve a two (2) year term
- Participation in department meetings and committees is strongly encouraged; participation at officer level is granted by voting members



# Medical Staff Committees

- Medical Executive Staff (MEC) (Standing Committee)
- Credentialing Committee (Standing Committee)
- Cancer Committee
- Case Management Committee (CMC)
- Education and Training Team
- Ethics Committee/Patient Care Advisory Committee
- Infection Control and Prevention Team
- Medication Usage Team
- Multidisciplinary Peer Review Committee
- Nutrition Care Team
- Operative and Invasive Procedure Team
- Peer Review Committee



# General Staff Meetings

- Medical Staff members are encouraged to attend general medical staff meetings
  - Annual meeting is 2<sup>nd</sup> Wednesday of October and includes election of officers, department and committee chairs
  - Other regular general staff meetings are 2<sup>nd</sup> Wednesday in February and May
- Medical Staff members are encouraged to attend department meetings and committee meetings
  - Department and Committee/Team meetings schedule varies; calendar distributed monthly
  - MEC and Credentialing Committee meet monthly





# Education & Training

- Some LIPs are required to be certified in ACLS, BLS and PALS and to keep their certification current
  - Courses are offered through Education & Training
  - Check with your Department Chief for requirements
- All LIPs are required to participate in annual training on select topics in order to stay current with TJC and CMH technical competencies
- **Failure to maintain certifications and undergo annual retraining can result in suspension of some privileges**



# Policies and Procedures

- Medical Staff is responsible for adhering to various policies and procedures including BUT NOT LIMITED TO:
  - General Administration
    - GA-80 – Patient Rights and Responsibilities
    - GA-4 – Confidentiality and Professional Ethics
    - GA-24 – Transfer of Pts Between Hospitals
    - GA-23 – Life Sustaining Treatment
    - GA-41 – Advance Directives
    - GA-13 – Smoking Policy
    - GA-24 – Transfer of Pts Between Hospitals
    - GA-6 – Consents for Treatment
  - Medical Staff
    - MS-026 – Disruptive Conduct
    - MS-032 – Medical Staff On Call
    - MS-023 – Sexual Harassment
    - MS-044 – Elements of a History and Physical
    - MS-011 – Examination of Patients
    - MS-021 – MD BOP Reporting
- Go to CHMC Intranet > Policies and Procedures > Search > Catalog for more policies that may affect your work

