



CalvertHealth

New Provider Orientation



Your Responsibilities as a Member of the Medical Staff

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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



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

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



Medical Staff Responsibilities

Detailed in Bylaws, but major tenets include:

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



Responsibilities of Individual Medical Staff Members

Responsibilities include but are not limited to:

- Provide patients with continuous care
- Provide timely and effective communications
- Adhere to the “Principles of Medical Ethics of the American Medical Association”
- Be familiar with The Joint Commission (TJC) Standards, and cooperate with the hospital in 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, privileges, insurance coverage, DEA or CDS certification
- Notify Medical Staff Office of any change in home and/or office address, phone numbers, email addresses



Health Requirements for Work Eligibility

- Employee Health (Lindsay Falcone, RN) will confirm health eligibility to work (Ext. 8110)
- Drug tests are mandatory for medical staff eligibility (including contracted employees)
- Proof of required vaccinations and Tuberculosis Surveillance
- Please see the following policies for more information:
 - MS-048 – Credentialed Medical Staff Health Requirements
 - HE-EH-11 – Seasonal Influenza and COVID-19 Immunizations



Required Vaccinations and Tuberculosis Surveillance

Disease	Requirement
Rubeola Rubella Mumps	Documentation of administration of appropriate dosing Laboratory evidence of immunity or laboratory confirmation of disease Born before 1957
Varicella	Documentation of 2 doses of vaccine at least 28 days apart Documentation of history of herpes zoster based on physician diagnosis Serologic evidence of immunity or confirmation by lab
Hepatitis B	Vaccination required for all practitioners Written proof of immunity Serologic evidence of immunity
Tdap	Proof of recent Tdap dose or one time dose 10-year booster
Tuberculosis (in communicable form)	QuantIFERON TB Gold Plus Blood testing at time of hire Annual screening for Emergency Medicine and Pulmonary Care practitioners Baseline chest x-ray for previously positive skin test or documentation of previous treatment for latent TB



Required Vaccinations:

Influenza

- Vaccination of healthcare workers reduces transmission of influenza in health care settings, staff illness and absenteeism
- All hospital employees, LPs, contracted personnel, volunteers, students and some vendors are required to receive an annual influenza vaccine
- Shots provided free of charge at the hospital
 - If shots received elsewhere, proof must be provided
- Some exemptions apply and exempted individuals must wear protective gear while on the hospital grounds
- Penalties for non-compliance can include termination



Types of Membership

- Medical Staff is made up of Employed, Independent and Contracted medical professionals:
 - **Employed:** CalvertHealth Medical Group with 30+ providers in primary care and specialty practices employed by CHS
 - **Independent:** Primary Care and Specialty providers in independent medical practices; granted privileges by the hospital but not employed by CHS
 - **Contracted:** Anesthesia, Emergency Medicine, Hospitalists, and Psychiatric providers are contracted through third party companies to provide 24/7 medical care

		Admitting Privileges	Takes Hospital Call	Maintains Local Office	Able to Vote, Hold Office*
Active with Admitting Privileges	Regularly admits patients to hospital (Generally Hospitalists and/or hospital-based specialist)	Yes	Yes	Required	Yes
Active without admitting privileges	Refers patients to hospital for admission (Primary Care)	No	No (PCPs may provide coverage for other PCPs)	Required	Yes
Consulting	Provides consultation services as requested 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 with oversight by a physician
 - **PAs** require minimal oversight by physician to review charts and medical decisions
- At CalvertHealth, AHPs are afforded the same level of respect and trust in their professional judgement as all physicians



Focused Professional Practice Evaluation (FPPE)

- FPPE is a process intended to confirm competence of a practitioner for a broad or specific (new) skill set
- 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 are granted based on applicant's qualifications as demonstrated by:
 - Educational attainment, Residency, and/or Fellowship achievements
 - Skill in their stated specialty
- Practitioners must always maintain and be able to prove appropriate licensure and certifications:
 - Maryland State 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
- Medical Staff appointments are for 2 years; both new appointments and reappointments
- Privileges are practitioner-specific and may be limited in scope to a 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 request 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 they have read and agree to Medical Staff Bylaws and Medical Staff Rules and Regulations



Suspension of Privileges

- Privileges are administratively suspended if practitioner:
 - Fails to maintain required licensure or certification
 - 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 or if there is a conflict of interest
- Corrective action (if any) is determined by the MEC



Medical Staff Organization

- Current departments:
 - Anesthesia
 - Cardiology
 - Emergency Medicine
 - Family Medicine
 - Surgery
 - Medicine
 - Orthopedic Surgery (including Podiatry)
 - Pathology and Laboratory Medicine
 - Pediatrics
 - Psychiatry
 - Radiology
- Medical Staff members and AHPs are assigned to a single department but may be granted clinical privileges in multiple
- Department responsibilities include:
 - Review, 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
 - Monitor adherence to bylaws, rules and regulations, and hospital policies
- Departments meet at least 3 times per year



Medical Staff Participation

- The Medical Staff is a member-led organization
- Participation in department meetings and committees is strongly encouraged; participation at officer level is granted by voting members
- 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

(See Bylaws for specific information on eligibility to vote, run for office)



Medical Staff Committees

- Medical Executive Staff (MEC) (Standing Committee)
- Credentialing Committee (Standing Committee)
- Cancer Committee
- Discharge Committee
- Infection Control and Prevention Team
- Medication Usage and Safety Team (MUST)
- Multidisciplinary Peer Review Committee
- Nutrition Care Team
- Operative and Invasive Procedure Team
- Patient Care Advisory Committee (PCAC, Ethics Committee)
- Palliative Care Committee
- Utilization Management Committee



General Staff Meetings

Medical Staff members are encouraged to attend General Medical Staff meetings

- Annual meeting is the 2nd Wednesday of October and includes election of Officers, Department and Committee Chairs
- Other regular general staff meetings are the 2nd Wednesday in February and May



Education & Training

- Some LPs are required to maintain certification in ACLS, NRP and PALS
 - Courses are offered through Education & Training
 - Check with your Department Chair for requirements
- All LPs are required to participate in annual training on select topics in order to stay current with TJC and CHS competencies
- **Failure to maintain certifications and undergo annual training can result in suspension of 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-81 - Electronic Mail
 - GA-41 – Advance Directives
 - GA-4 – Confidentiality and Professional Ethics
 - GA-13 – Smoking Policy
 - GA-24 – Transfer of Pts Between Hospitals
 - GA-24 – Transfer of Pts Between Hospitals
 - GA-23 – Life Sustaining Treatment
 - GA-6 – Consents for Treatment
 - HR 3-05 – Workplace Violence & Disruptive Behavior
 - Medical Staff
 - MS-026 – Behaviors that Undermine a Culture of Safety
 - MS-011 – Examination of Patients
 - MS-032 – Medical Staff On Call
 - MS-021 – MD BOP Reporting
 - MS-023 – Sexual Harassment
 - MS-044 – Elements of a History and Physical
- Go to CHMC Intranet > Policies and Procedures > Search > Catalog for more policies that may affect your work

