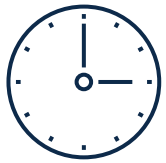
CHARTIS

Medical Staff Fundamentals

Monthly webinar series

January 2025



The webinar will start at the top of the hour.

MONTHLY INSIGHTS

Webinar schedule & topics

THE 3RD THURSDAY OF EVERY MONTH:

10AM Pacific, 1PM Eastern

JANUARY

Medical Staff 101

Navigating the Zoom interface

Handouts:

Check the chat function for copies of the slides for note taking and any other handouts.

Questions and comments:

Please participate in the discussion by asking question through the Q&A function during the webinar.

There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments.

Any questions not answered during the webinar will be addressed in a follow-up email or posting.

Past webinars available for streaming

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- [ ] Medical Staff Services

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27 RESULTS

Webinar ✕ CLEAR ALL ✕

Don't fall into the QAPI trap: Avoid significant CMS sanctions while improving performance and safety

This webinar will give you the tools to survive surveyor scrutiny by shoring up common QAPI vulnerabilities.

Medical Staff 101: The complex relationships between individual practitioners, the organized medical staff, and the board

This session on medical staff functions, structures, and responsibilities will shed light on some of the dark spaces in medical staff processes.

Medical Staff Services: An untapped strategic asset of your healthcare system

This session will emphasize the true value of an optimized medical staff services department in a manner that will resonate with senior executives and empower MSPs to get the support and resources they need.

Healthcare challenges are not siloed.

Neither are we.

Chartis has **six lines of business** that together craft **singular solutions**.

- 1000+ Professionals
- Mission: to materially improve healthcare
- Ranked Best Overall Management Consulting Firm by KLAS
- Charis acquires Greeley in 2019, became Chartis Clinical Quality Solutions in 2022
- Greeley brand brought back in 2024 to cover Medical Staff Services Related Offerings and now part of Clinical Transformation

High Reliability Care

Unparalleled breadth and depth

Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.

High Reliability Organization (HRO)

- High reliability organizational design and infrastructure
- Quality, Value, and Performance Improvement
- Quality ratings and rankings optimization
- Patient safety / harm reduction / safety and reliability culture
- Adverse event response and remediation / RCA
- High fidelity measurement / Clinical Documentation Integrity (CDI)
- Care facilitation

Clinical Compliance, Regulatory, and Physical Environment Solutions

- Adverse event response
- Adverse action regulatory response and remediation
- Accrediting body readiness assessment
- Regulatory readiness rehearsal / mock surveys
- Life safety and environment of care assessment
- Policy simplification
- Infection prevention program

Bylaws, Rules and Regulations, and Peer Review

- Bylaws and rules and regulations assessment and redesign
- Peer review assessment and redesign
- Medical staff / medical director structure and governance
- Credentialing, OPPE

External Peer Review

- Physician/advanced practice professional external peer review
- Focused Professional Practice Evaluation (FPPE)
- Ongoing case review in support of OPPE/FPPE
- Medical necessity reviews
- Patient safety/carequality case reviews

MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES

Greeley

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We are a partner to healthcare organizations nationwide, helping to advance patient safety and clinical quality for the past 30+ years. We help healthcare providers achieve top-tier clinical performance through:

- Medical Staff Services Optimization
- Education Solutions
- Chartis Workforce Solutions

Integration with other best-in-class consulting services offered by Chartis

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Today's *discussion*

The relationship between US hospitals and Practitioners (physicians, APPs, etc.) is extraordinarily complex, leaving very educated and gifted board members, hospital executives, physicians, and associates scratching their heads. Our primer on medical staff functions, structures, and responsibilities will shed light on some of the dark spaces in medical staff processes.

Marci Adams

Associate Partner

Bylaws and Medical Staff Governance

Paul Murphree, DO, ScD

Partner
Bylaws and Medical Staff Governance

> "Keeping up with change, planning for tomorrow

Today's *agenda*

Medical Staff Functions, Structures, and Responsibilities

Frequently Asked Questions and Answers

Questions

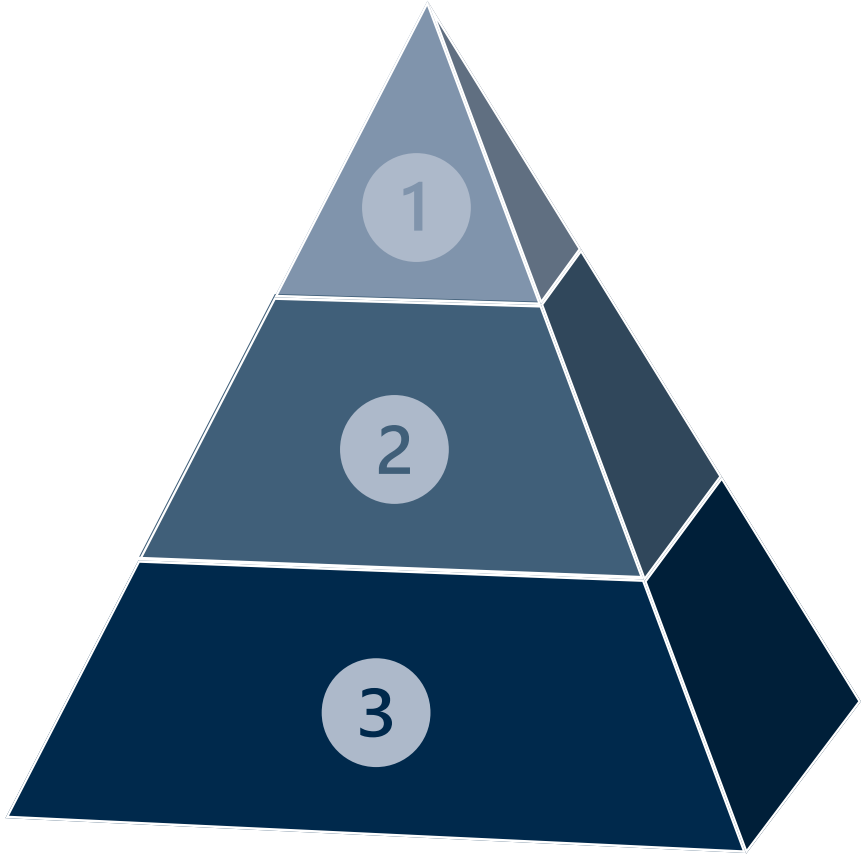
Questions should be posted in the webinar interface throughout the presentation.
We will respond to any unanswered questions in writing following the webinar.

Medical staff functions, structures, and responsibilities

Medical staff structures, functions, and responsibilities

What are the origins?

1. Regulatory and accreditation requirements
2. Medical staff bylaws
3. Rules and regulations, policies



Poll Question

What is your hospital's accrediting agency?

1. Joint Commission
2. DNV
3. CMS-Only
4. Other

What we *hear*

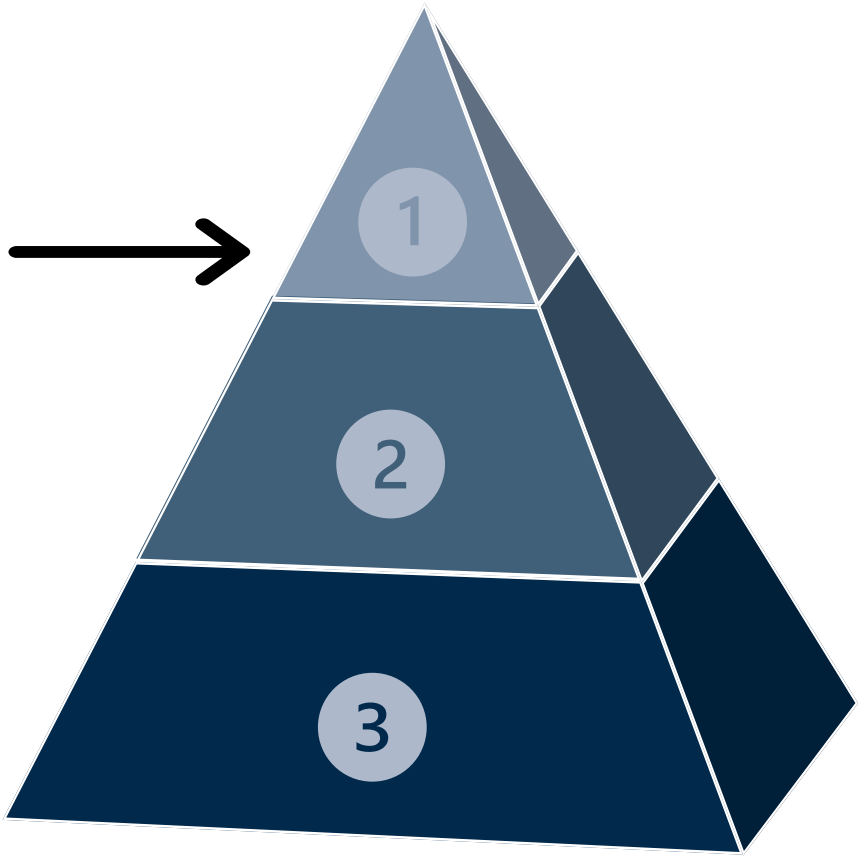
Our Board is too involved, asks too many questions, or does not understand its role.

Medical Staff Services is buried with administrative tasks.

We haven't followed that process in years, but we haven't updated our governing documents.

Medical staff structures, functions, and responsibilities

- **§482.22** The medical staff must be well organized and ***accountable to the governing body*** for the quality of the medical care provided to the patients.
- The medical staff must be organized in a manner ***approved by the governing body***.
- The medical staff ***must adopt and enforce Bylaws*** to carry out its responsibilities. The medical staff Bylaws must describe the organization of the medical staff.
- Accrediting body requirements align with CMS.



Medical staff governance documents

The medical staff organizes through bylaws, rules and regulations, and policies

Document	Who votes to approve?	Content	How easy is it to change?
Bylaws	■ Voting members of the medical staff ■ Medical Executive Committee ■ Board	The structure, functions, and responsibilities of the medical staff	Difficult
Rules and regulations	■ Notice to members ■ Medical Executive Committee ■ Board	Shared procedures such as medical records, committees, call rosters, etc.	Medium
Policies (including Delineation of Privilege forms)	■ MEC votes to approve ■ Board notice/approval	Specific processes that might change frequently	Easiest

Medical staff structures, functions, and responsibilities

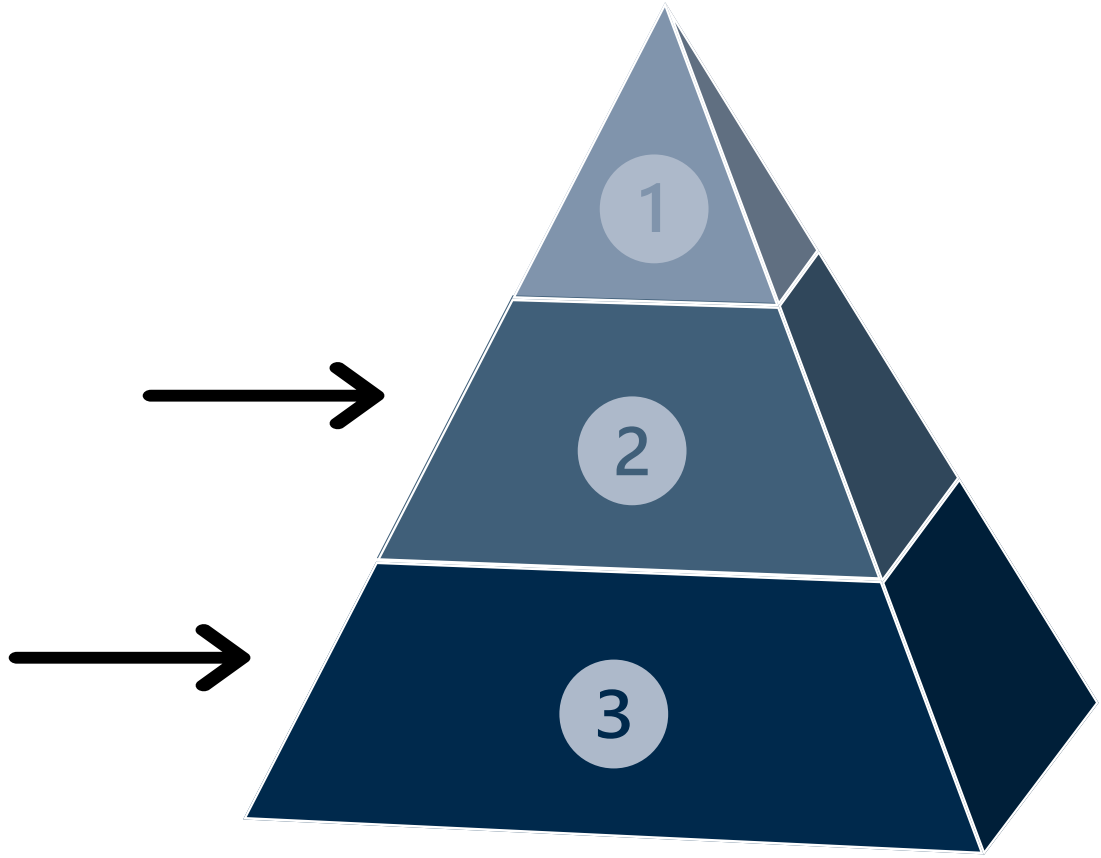
- **Fact:** The medical staff is accountable to the governing body (board).
- **Fictions:**
  - The board cannot request "peer review" or "peer protected" information about the medical staff.
  - The board cannot designate a member to attend the Medical Executive Committee meetings.
  - The board cannot take adverse action against a medical staff member if the MEC does not agree.

What we *hear*

> Our Board is too involved, asks too many questions, or does not understand its role.

Medical staff structures, functions, and responsibilities

- There are regulatory and accrediting body requirements to be addressed in the Bylaws. Everything else is “optional” in the Bylaws.
- The Bylaws supersede the Rules and Regulations and policies.
- Template formats and topics exist, but there is no “one size fits all” for Bylaws and Rules and Regulations.



Medical staff structures, functions, and responsibilities

- **Fact:** The medical staff must adopt and enforce Bylaws to carry out its responsibilities.
- **Fictions:**
  - If a surveyor comes, we can just tell the surveyor that the Bylaws are outdated and describe the new process.
  - It's okay if the Rules and Regulations do not match the Bylaws.
  - It's okay to address the organization, duties and privileges of membership categories, and qualifications for medical staff in the Rules and Regulations because it's too difficult to amend the Bylaws.

What we *hear*

> We haven't followed that process in years, but we haven't updated our governing documents.

Frequently asked questions (FAQs) and answers

Frequently asked questions and answers

- Additional work and administrative burdens are a result of a lack of understanding and doing things the same way they have always been done.
  - Privileges vs. Membership
  - Employment/HR vs. Privileges
  - Advanced Practice Providers (APPs) vs. Allied Health Professionals (AHPs)
  - APPs, AHPs, and Medical Staff

What we *hear*

> Medical Staff Services (MSS) is buried with administrative tasks.

Frequently asked questions and answers

Privileges vs. Membership

FAQ: What's the difference between privileges and membership, and why does it matter if the two topics are intertwined?

Greeley/Chartis Input:

- We frequently see Bylaws that tangle the concepts of privileges and membership. Words (or lack of) matter and can create legal risk.
- References to privileges are often included in membership categories. Membership should focus on contributions to the medical staff functions and responsibilities.

Frequently asked questions and answers

Fact: the Medical Staff is required to adopt and enforce Bylaws that include a statement of the duties and privileges of each category of medical staff (§482.22(c)(2)).

Fictions:

- Medical Staffs must have multiple voting or non-voting categories of membership.
- Medical Staffs must have a provisional membership category while the new practitioner completes the initial focused evaluation period.
- "Honorary" must be a membership category.
- All practitioners with privileges must be members.

What we *hear*

> Medical Staff Services (MSS) is buried with administrative tasks.

Frequently asked questions and answers

Employment/HR vs. Privileges

FAQ: Does the Medical Staff really need to credential and privilege a “FILL IN THE BLANK?”

Greeley/Chartis Input:

- Medical staffs “inherit” different types of providers that do not actually need to be credentialed and privileged, which creates additional work for the medical staff and MSS.
- Privileges are required to perform a medical level of care or invasive surgical procedures (medical diagnosis and medical treatment decisions).
- Human Resources handles all other types of providers based on a job description and qualifications for the position.
- See the Greeley Whitepaper: *Privileged vs. Non-Privileged*.

Poll Question

What term or terms does your organization use for non-physician practitioners who are credentialed and privileged through the medical staff process?

1. Only Allied Health Professional
2. Only Advanced Practice Provider/Professional
3. Allied Health Professional and Advanced Practice Provider/Professional
4. Non-Physician Practitioner
5. Other

Frequently asked questions and answers

Advanced Practice Providers (APPs) vs. Allied Health Professionals (AHPs)

FAQ: What is the difference between an APP and AHP?

Greeley/Chartis Input

- Define terms and use them consistently
- Keep up with state law and licensing (e.g., supervision, collaboration, etc.)
- Greeley Whitepaper: *Privileged vs. Non-Privileged*
  - **APP**: Advanced Practice RNs and Physician Assistants
  - **AHP**: Registered Nurse First Assist, Radiology Techs

Frequently asked questions

Advanced Practice Providers (APPs) and Allied Health Professionals (AHPs) and the Medical Staff

FAQ: How do medical staffs address APPs and AHPs?

Greeley/Chartis Input:

- Dependent upon state-specific licensing and law.
- Dependent upon the medical staff.
- Current trend is to allow APPs to be members in some capacity.

§482.22(a) Standard: Eligibility and Process for Appointment to Medical Staff
The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at §482.12(c)(1)) and nonphysician practitioners who are determined to be eligible for appointment by the governing body.

Summary

Governance Documents for Medical Staff

- The Governing Body (e.g., Board) is responsible for all aspects of the hospital's performance and is the body that grants privileges.
- Move topics that are appropriate to the lowest level of approval requirements (i.e., move from the bylaws to rules and regulations or policies).
- Use definitions in your Medical Staff governance documents (AHP versus APP, privileges versus membership).
- Words matter. Avoid blurring key topics, such as "Medical Staff" as a catchall phrase.
- Follow your policies (5P's).

Questions/concerns?

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Thank *you*

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