

FIFTH EDITION



**THE TOP
MEDICAL STAFF
POLICIES AND
PROCEDURES**

Todd Sagin, MD, JD

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PROCEDURES**

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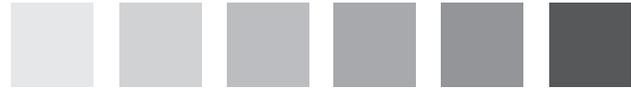
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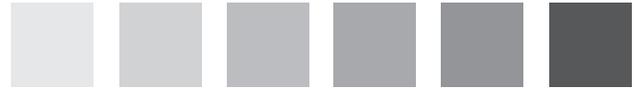
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About the Author



Todd Sagin, MD, JD, is a physician executive recognized across the nation for his work with hospital boards, medical staffs, and physician organizations. He is the national medical director of Sagin Healthcare Consulting, LLC, and HG Healthcare Consultants, LLC, which provide guidance on a wide range of healthcare issues. He served for more than half a decade as the vice president and national medical director of The Greeley Company, Inc.



Introduction

Hospital medical staffs and administrators have to tackle complicated responsibilities. U.S. health-care laws and regulations continually make medical staff management more complex, particularly in credentialing and privileging requirements. In addition, evolving Joint Commission standards create new accreditation hurdles for institutions. An explosion of litigation alleging corporate negligence complicates the scene as medical staffs work to defend themselves against claims of negligent credentialing and peer review.

How should hospitals respond to these challenges? Medical staff leaders and administrators need effective policies to guide them and help them to manage these responsibilities fairly, consistently, and confidently.

Applied effectively, the sample policies and procedures within this book will help you to establish clear lines of authority and communication within your organization. They should help you tackle everyday managerial issues and even avoid potentially serious problems, including the following:

- Tensions within the medical staff, particularly between specialties
- Tensions between medical staff members and administrators
- The perception that leadership decisions are biased
- Lawsuits
- Harm to patients

With these policies and procedures, medical staff leaders will be better equipped to improve medical staff-administration relations, provide standardized documentation, avoid litigation, and ensure patient safety.

How to Use This Book

The book is organized into four categories, tabbed for quick reference to the policies and procedures. Each category is marked for your convenience with the following titles:

- Administration
- Credentialing and Privileging
- Governance
- Quality

You can use this book in the following ways:

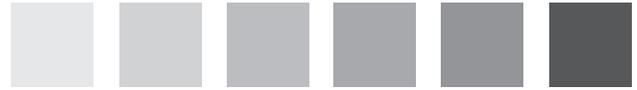
1. Review your existing hospital policies. Determine whether they are clear, comprehensive, and current.
2. When necessary, use the sample policies in this book and online as a model for revising your existing policies or writing new ones. Tailor the policy to fit your organization's unique needs; you can customize the sample policies by downloading the document templates at <http://www.hcpro.com/downloads/12334>.
3. Your legal counsel should carefully review all new policies. These policies have not been vetted to comply with state laws and regulations and constantly changing accreditation requirements means some of the samples in this book may no longer be compliant.
4. Once finalized, review the draft policies with hospital staff members. Discuss the intent of your plans. Have the policies passed, ratified, and/or endorsed as appropriate under hospital and medical staff bylaws/policies.
5. Ensure that all policies are available to all interested parties, including medical staff, administration, and the board. Unless staff members are aware of policies, they cannot be effective in directing the behavior and actions of applicable individuals or leaders.

Here are some tips for revising and developing new policies:

- Carefully choose your words in the policies and procedures to avoid ambiguity. Clear language will result in effective policies.
- All policies and procedures should note the authorizing body and the date they were approved.
- Review policies and procedures at appropriate intervals. In most cases, reviews of these documents should occur approximately every two years.
- Notify all relevant medical staff members of the changes through multiple channels (i.e., verbal, electronic) and do it more than once. Highlight the policy changes throughout the hospital where appropriate.
- Enforce policies and procedures strictly but fairly.

Disclaimer:

These sample policies are intended as a resource to assist in the development of medical staff- and hospital-specific policies. They are meant to serve as sample documents and should not be adopted without being customized for the unique needs of a particular organization. Because laws and regulations differ across the 50 states and accreditation standards are constantly evolving, unmodified use of these policies cannot assure compliance with applicable laws, regulations, or standards.



Advance Directives Policy and Procedure

To appropriately meet the needs of patients, hospitals must address patients' wishes regarding end-of-life decisions and the use of life-sustaining technology. The commonly accepted tools to facilitate compliance with patient's wishes are referred to as Advance Directives.

This policy outlines a sample advance directive process in a hospital addressing both the inpatient and outpatient setting.

Advance Directives

Policy and Procedure

Policy

[Hospital/Health system] supports a patient's right to participate in healthcare decision-making through education and inquiry about advance directives, including a policy on forgoing life-sustaining treatment. The patient will be encouraged to communicate his or her healthcare preferences and values to others, including family members and caregivers. Outpatients are given information that informs them that the organization will honor advance directives, and they are provided tools to execute such advance directives.

Procedure

Advance directives: refers to instructions about the patient's medical care in the event that he or she becomes unable to communicate for him or herself. An advance directive may take the form of a living will and/or a medical power of attorney. This organization will honor all advance directives that are legal within the state of [State], regardless of the setting of services.

1. Upon registration (for all services) the admission clerk will ask the patient/legal representative if he or she has executed an advance directive. If a transferred patient has an advance directive already documented in the previous provider's medical record, or if a patient is being readmitted who has previously provided copies of his or her advance directive to [Hospital/Health system], the admission clerk will ask the patient if the advance directive is current, or if the patient has revised or revoked it.
2. If the advance directive previously provided is current and has not been revoked, it will apply to the current admission or treatment episode. If a copy of a patient's advance directive is not immediately available, the patient/legal representative will be encouraged to provide a copy to the hospital's admission office as soon as possible. An advance directive is said to be present only when a physical copy has been presented to the institution.
3. Advance directive information will be provided to every adult patient (age 18 and older) on request (in all settings of service). The admission clerk is responsible for facilitating the completion of admission forms and securing signatures of consent. At the time of admission, the admission clerk who documents the patient's admission will provide the patient with a brochure regarding the patient's rights to make decisions concerning his or her care, which includes the right to accept or refuse medical or surgical treatment, even if that

treatment is life-sustaining. If the patient requests more information regarding an advance directive, a referral to social service will be made.

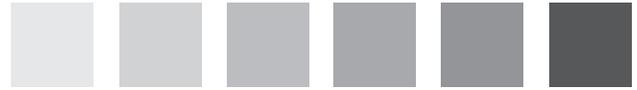
4. In addition, the admitting clerk will provide the patient, upon request, the hospital's policy with respect to the implementation of the patient's rights to make decisions concerning healthcare. This information will address advance directives, surrogate decision-making, and forgoing life-sustaining procedures.
5. When an adult individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating condition or to a mental disorder) or to articulate whether he or she has executed an advance directive, information about advance directives may be provided to family members or to a surrogate decision-maker. If the individual regains his or her capacity, the facility will provide this information to the individual upon request of the patient or a caregiver. Under no circumstances can a surrogate decision-maker (unless a legal guardian) fill out an advance directive on behalf of an incapacitated individual. An advance directive is a written statement that is prepared by an individual before the need for treatment arises. If an advance directive is present, the nurse assigned to a newly admitted patient, or the unit clerk during the process of assembling a patient's chart, will place a copy of the advance directive in the section of the chart labeled "Advance Directive."
6. For hospital patients, the social worker, while doing his or her initial assessment on each admitted patient, will check the "Advance Directive" section of the "Conditions of Admission" to check if the patient has requested information, and if so, the social worker will meet with the patient and/or family.
7. When the nurse assigned to a newly admitted patient calls the physician for notification of admission and to obtain physician admission orders, the nurse also shall notify the physician of any advance directive. If the individual's attending physician cannot be reached, the nurse shall document in the patient record the name of the physician notified and the information provided.
8. The physician notified of an advance directive must review the directive. No other medical personnel or employee may write any order concerning the advance directive in the patient's medical record. If the physician refuses to comply with the directive, the physician must generally assist in the transfer of the patient's care to another physician.
9. If there is a question, uncertainty, or need to follow through with a patient's advance directive, case management and/or nursing staff members will attempt to resolve the issue. The social worker may be contacted for assistance as needed to effectuate positive resolution of the issue. In addition, the patient or hospital personnel may request an ethics consultation.
10. Documentation regarding follow-through will be written in the patient's medical record.

Education

[Hospital employees] who are directly or indirectly involved with the implementation of this policy shall, when offered from time to time, attend an educational in-service (which may be a component of a practitioner or employee orientation program upon hire or appointment). Attendance must be documented and appropriate education validation records maintained.

Community

To educate the community served by this hospital, advance directive education will be provided through community forums or through the distribution or posting of written materials regarding advance directives.



Appointment Access Standards in Hospital Outpatient Medical Practices Policy and Procedure

Timely access to appointments has become a critical responsibility of accountable care organizations, patient-centered medical homes, and other new models of care, as well as more traditional modes of healthcare delivery. Policies to facilitate timely access to appointments are representative of efforts to deliver more “patient-centric” care.

This policy defines appointment access standards to be applied in all outpatient primary care and specialty care practices.

Appointment Access Standards in Hospital Outpatient Medical Practices

Purpose:

The purpose of this policy is to define appointment access standards to be applied in all primary care and specialty care practices.

Definitions:

Primary Care Practices: Family Medicine, Internal Medicine, General Medicine, and Pediatrics

Specialty Care Practices: All other physician specialties not designated as primary care

Policy

Appointment access standards

Primary Care: Primary care practices will accommodate same-day requests for urgent and routine appointments. Schedules will be maintained so that all other appointments can be scheduled within five days of the request.

Specialty Care: Specialty care practices will accommodate same day, next day, and intermediate referral appointment requests in the time frame specified by the referring provider. Schedules will be maintained so that all other appointments can be scheduled within two weeks of the request.

Practices/specialties with multiple locations may choose to accommodate same day/next day requests at any location within the same geographic area. The practice taking the call should have capability to schedule the appointment at the alternate location or to directly transfer the call for scheduling. Patients and referring offices will not have to call a second location or be transferred to a voice mail box.

Referral handoff

Each specialty practice will accept referral requests without intervention of the referring provider. The appointment will be scheduled based upon the referral request, which should include an appointment time frame. Urgent and same day requests should be made via telephone call from the referring office to the specialty office, followed by the completed referral form.

The referring provider will ensure that the chart is up to date, including current medications, problem lists, allergies and other pertinent testing information. The note pertaining to the referral should be completed.

Specialty practices are encouraged to develop referral guidelines to aid in appropriate referrals.

If a particular physician or provider unnecessarily requests same-day or next-day access, the specialty practice will accept the patient appointment, but discuss appropriate guidelines with the physician afterward.

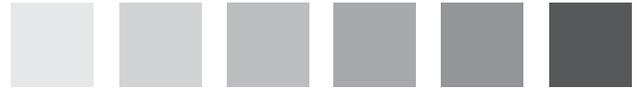
Maintaining capacity

In order to meet the access standards, each practice will manage scheduling templates by actively reviewing and adjusting capacity based on expected demand. In addition, measurement tools such as third available appointment, days to booked appointment, and future capacity will be developed to aid in monitoring available capacity.

Patient satisfaction scores in the areas of access and likelihood to recommend will be monitored to measure patient response to service.

Rescheduling patients

In order to preserve future capacity and to offer the highest level of service, patients who are rescheduled due to non-emergent time off or vacation will be offered the opportunity to move forward in the schedule.



Confidentiality Statement Policy and Procedure

A confidentiality statement policy ensures that sensitive information, particularly related to peer review and hospital strategic operations, is not shared inappropriately. The diligent maintenance of confidentiality is critical for medical staffs seeking to protect peer review deliberations from legal discovery. It is also important when working to sustain a culture of collegiality, fairness, and patient safety.

Confidentiality Statement

Policy and Procedure

General statement

Medical staff members, hospital employees, and board members are expected to maintain confidentiality of all information and discussion occurring during meetings of the medical staff, hospital, and board when dealing with issues of peer review (peer review, credentialing, and corrective action) and with confidential hospital information.

Confidentiality of information

To the fullest extent permitted by law, the following shall be kept confidential: information submitted, collected, or prepared by any representative of this or any other healthcare facility or organization or medical staff for the purposes of assessing, reviewing, evaluating, monitoring, or improving the quality and efficiency of healthcare provided; evaluations of current clinical competence and qualifications for medical staff appointment/affiliation and/or clinical privileges or specified services; or determinations that healthcare services were indicated or performed in compliance with an applicable standard of care. Such confidentiality shall also extend to information provided by third parties.

The following information is also considered confidential: hospital financial information, unless deemed appropriate for sharing; hospital strategic planning information, unless deemed appropriate for sharing; individual votes on any of the above matters; or any other information deemed by a committee chair to be confidential.

Covered activities

The confidentiality provided by this policy applies to all information or disclosures performed or made in connection with this or any other healthcare facility's or organization's activities concerning, but not limited to:

- Applications for appointment/affiliation, clinical privileges, or specified services
- Periodic reappraisals for renewed appointments/affiliations, clinical privileges, or specified services
- Corrective or disciplinary actions
- Hearings and appellate reviews
- Quality assessment and performance improvement/peer review activities

Confidentiality Statement

- Utilization review and improvement activities
- Claims reviews
- Risk management and liability prevention activities
- Other hospital, committee, department, or staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct
- Hospital strategic plans, financial performance, quality performance or adverse occurrences, and events in the hospital or its affiliated outpatient units

Annual acknowledgment of the confidentiality policy

On an annual basis, all medical staff leaders and medical staff members serving on credentials and peer review committees, hospital employees with access to the above information, and board members will sign a statement acknowledging that they have read and will abide by the confidentiality policy.

Noncompliance with this policy

Whenever a breach of confidentiality is validated, appropriate disciplinary action will be considered by the medical executive committee, the CEO, or the board accordingly.

Sample confidentiality statement for medical staff members participating in peer review and credentialing activities

I acknowledge that I will be provided, from time to time in my duties as a [Hospital/Health system] medical staff member, access to confidential information and documents regarding practitioner credentialing and peer review. I understand the critical importance of maintaining strict confidence regarding such information and documents and the content of discussions relating to the credentialing and peer review of individual practitioners. I will make no disclosures of matters that should remain confidential unless in the context of formal medical staff peer review and credentialing activities or when authorized to do so by a medical staff officer, hospital CEO (or designee), or hospital legal counsel.

I acknowledge that breaches of confidentiality have the potential to harm patient care, multiple individuals, and the hospital and for these reasons I may be subjected to disciplinary actions for violation of hospital and medical staff confidentiality policies. Such disciplinary actions may include (but are not limited to) the following:

- Formal reprimand with notation in my credentials file
- Loss of indemnification by the hospital for my medical staff-related activities
- Removal from all medical staff activities in which confidential matters are presented and discussed
- Removal from medical staff leadership positions
- Formal corrective action

Signature

Date

FIFTH EDITION

THE TOP **45** MEDICAL STAFF POLICIES AND PROCEDURES

Todd Sagin, MD, JD

The Top 45 Medical Staff Policies and Procedures, Fifth Edition, will help you develop medical staff policies and procedures that comply with CMS and Joint Commission requirements and promote current industry best practices. Updated by industry expert Todd Sagin, MD, JD, these sample forms cover the most complex policies and procedures, saving you the time it takes to create these documents from scratch. All 45 forms are downloadable and customizable to suit your organization's needs. This update includes policies that cover emerging issues such as clinical consultations, orders for outpatient tests by non-medical staff practitioners, and collegial intervention.

This book will help MSPs and physician leaders:

- Quickly develop various department policies and procedures unique to the medical staff
- Update existing policies with new, compliant language
- Replace time-consuming, arduous searches for information with a simple download of the forms they need
- Sharpen their focus on both the legal issues of the organization and the needs of the medical staff

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