THE MEDICAL STAFF OFFICE MANUAL

TOOLS AND TECHNIQUES FOR SUCCESS

Marna Sorensen, CPMSM
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure List</td>
<td>vii</td>
</tr>
<tr>
<td>About the Author</td>
<td>xi</td>
</tr>
<tr>
<td>Introduction</td>
<td>xiii</td>
</tr>
<tr>
<td>How to Use This Manual</td>
<td>xv</td>
</tr>
<tr>
<td><strong>Chapter 1: The Organized Medical Staff</strong></td>
<td>1</td>
</tr>
<tr>
<td>Medical Staff Structure</td>
<td>2</td>
</tr>
<tr>
<td>Leadership</td>
<td>4</td>
</tr>
<tr>
<td>Medical Staff Committees and Functions</td>
<td>4</td>
</tr>
<tr>
<td>Governing Board</td>
<td>5</td>
</tr>
<tr>
<td>Department/Service Line/Division Chiefs</td>
<td>5</td>
</tr>
<tr>
<td>Medical Staff Categories</td>
<td>7</td>
</tr>
<tr>
<td><strong>Chapter 2: The Medical Staff Office</strong></td>
<td>23</td>
</tr>
<tr>
<td>Structure of the Medical Staff Office</td>
<td>24</td>
</tr>
<tr>
<td>MSP Staffing: The ‘Right’ Level</td>
<td>25</td>
</tr>
<tr>
<td>Responsibilities of the MSP</td>
<td>28</td>
</tr>
<tr>
<td>Medical Staff Support</td>
<td>31</td>
</tr>
</tbody>
</table>
# Contents

**Chapter 3: Credentialing**
- Credentialing Best Practices ................................................................. 51
- Initial Application Process for Physicians and APPs ............................... 52
- Verifications .............................................................................................. 55
- Credentialing Databases .......................................................................... 57
- Response Review ...................................................................................... 61
- Input and Review ...................................................................................... 64
- Credentialing APPs .................................................................................. 68
- Overview of Selected Credentialing and Privileging Standards .................. 70

**Chapter 4: Clinical Privileges** ................................................................. 135
- Clinical Data and References .................................................................. 136
- Privileging Approaches .......................................................................... 136
- Special Privileging Considerations .......................................................... 139
- The Privileging Process .......................................................................... 141
- Types of Privileges .................................................................................. 144
- Leave of Absence .................................................................................... 147
- Clinical Privilege Form Review ............................................................... 148

**Chapter 5: Peer Review** ........................................................................ 181
- The Role of the Medical Staff Office in Peer Review ................................. 182
- Data Sources ............................................................................................ 183
- Participants in the Review Process ............................................................ 185
- Performance and Reporting ..................................................................... 186
- Circumstances Requiring External Peer Review ....................................... 189
- Initial Peer Review or Peer Review for Specific Circumstances (FPPE) .... 190
- Ongoing Peer Review (OPPE) ................................................................. 191
- Peer Review Time Frames ....................................................................... 193

**Chapter 6: Administration** ................................................................... 237
- Meeting Management .............................................................................. 238
- Tips for Newcomers ................................................................................ 242
- Orientation for New Medical Staff Members .......................................... 243
- Public Relations ....................................................................................... 245
## Chapter 7: Sharing What You Know

<table>
<thead>
<tr>
<th>Subject</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Histories</td>
<td>270</td>
</tr>
<tr>
<td>Instant Privileges: The Rules Are for the Other Guys</td>
<td>270</td>
</tr>
<tr>
<td>Ready, Set—Wait a Minute!</td>
<td>274</td>
</tr>
<tr>
<td>Take a DJ to Work</td>
<td>276</td>
</tr>
<tr>
<td>Credentials Committee Links</td>
<td>278</td>
</tr>
<tr>
<td>Medical Staff Quality Committee</td>
<td>278</td>
</tr>
<tr>
<td>Recruitment</td>
<td>280</td>
</tr>
<tr>
<td>Institutional Review Board</td>
<td>282</td>
</tr>
<tr>
<td>Wellness Committee</td>
<td>284</td>
</tr>
</tbody>
</table>

## Chapter 8: Additional Tools and Forms

<table>
<thead>
<tr>
<th>Subject</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A: Standards Key</td>
<td>286</td>
</tr>
<tr>
<td>Appendix B: Medical Staff Standards Study Notes</td>
<td>296</td>
</tr>
<tr>
<td>Appendix C: Acronyms and Abbreviations</td>
<td>309</td>
</tr>
<tr>
<td>Appendix D: Directory of Resources</td>
<td>318</td>
</tr>
<tr>
<td>Academic/Educational Organizations</td>
<td>318</td>
</tr>
<tr>
<td>Accreditation Organizations</td>
<td>319</td>
</tr>
<tr>
<td>Certification Boards</td>
<td>321</td>
</tr>
<tr>
<td>Federal Agencies</td>
<td>324</td>
</tr>
<tr>
<td>Organizations for Advanced Practice Professionals</td>
<td>325</td>
</tr>
<tr>
<td>Organizations for MSPs</td>
<td>326</td>
</tr>
</tbody>
</table>
Figure List

Chapter 1: The Organized Medical Staff

Figure 1.1: Accreditation ........................................................................................................... 7
Figure 1.2: Traditional departmental medical staff model ....................................................... 7
Figure 1.3: Service line medical staff model of care................................................................. 8
Figure 1.4: Leadership positions and committees ................................................................. 8
Figure 1.5: Sample medical staff leadership job descriptions .............................................. 16
Figure 1.6: Medical staff practitioner category table ............................................................ 18
Figure 1.7: Sample medical staff categories language .......................................................... 22

Chapter 2: The Medical Staff Office

Figure 2.1: The medical staff office's place in a healthcare organization ..................... 35
Figure 2.2: Single-person medical staff office ................................................................. 35
Figure 2.3: Two-person medical staff office ......................................................................... 36
Figure 2.4: Multiple-person medical staff office ............................................................... 36
Figure 2.5: Larger medical staff services department ....................................................... 37
Figure 2.6: Sample medical staff office time-management log ........................................ 37
Figure 2.7: Sample time-management log ............................................................................. 40
Figure 2.8: Sample job description: Credentialing specialist ............................................. 41
Figure 2.9: Sample job description: Medical staff coordinator .......................................... 43
Figure 2.10: Sample job description: Manager, medical staff office ............................... 45
Figure 2.11: Medical staff support ......................................................................................... 47
Chapter 3: Credentialing

Figure 3.1: Basic credentialing flow chart .................................................................75
Figure 3.2: Sample spreadsheet showing credentialing process ..............................76
Figure 3.3: Sample credentialing timetable ...............................................................79
Figure 3.4: Sample initial application checklist ..........................................................80
Figure 3.5: Initial appointment checklist for APPs .....................................................81
Figure 3.6: Credentials file audit tool .......................................................................83
Figure 3.7: Sample committee actions tracking form ...............................................85
Figure 3.8: Sample application cover letter ...............................................................86
Figure 3.9: Initial application appointment instructions .........................................88
Figure 3.10: Sample practitioner information form ..................................................89
Figure 3.11: Sample provider confidentiality agreement ..........................................91
Figure 3.12: Sample malpractice analysis form .......................................................95
Figure 3.13: Sample physician intended practice plan .............................................96
Figure 3.14: Sample applicant attestation, consent, and release from liability ........97
Figure 3.15: Practitioner photo ID verification form ...............................................99
Figure 3.16: Formula to verify DEA license ..............................................................100
Figure 3.17: Sample initial application ......................................................................101
Figure 3.18: Sample APP initial application ..............................................................112
Figure 3.19: Dynamic verification table ....................................................................120
Figure 3.20: Notice of receipt of complete application ............................................121
Figure 3.21: Notice of receipt of incomplete application .........................................122
Figure 3.22: Sample acknowledgment of a satisfactory response .............................123
Figure 3.23: Sample request for better information ...............................................124
Figure 3.24: Sample letter to unresponsive applicants ............................................125
Figure 3.25: Sample ‘forevermore’ cover letter ......................................................126
Figure 3.26: Sample ‘forevermore’ document ...........................................................127
Figure 3.27: Sample instructions for receipt of APP application ............................128
Figure 3.28: Reappointment process checklist for MSPs .........................................130

Chapter 4: Clinical Privileges

Figure 4.1: Basic privileging process flow chart .....................................................149
Figure 4.2: Sample policy language for medical staff privileges .............................150
Figure 4.3: Sample privilege volume requirements table .........................................152
Figure 4.4: Sample policy for dissemination of privileging information ....................155
Figure 4.5: Sample conflict-of-interest form .............................................................156
Figure 4.6: Sample practitioner education requirement ..........................................158
Figure 4.7: Sample language for delineation of privileges ......................................159
Figure 4.8: Sample form showing crossover privileges ..............................................161
Figure 4.9: Sample training requirement for anesthesia privileges.............................165
Figure 4.10: Algorithm for privilege criteria development ........................................166
Figure 4.11: Request for new procedure/technology privileges..................................167
Figure 4.12: Sample credentials committee referrals table ......................................168
Figure 4.13: Sample language for provisional period for initial privileges ..................171
Figure 4.14: Sample bylaws language for disaster privileges ....................................172
Figure 4.15: Sample language for emergency privileges ...........................................174
Figure 4.16: Temporary privileges for proctoring ..................................................175
Figure 4.17: Scope of privileges ..............................................................................176
Figure 4.18: Request for verification of clinical privileges training ............................177
Figure 4.19: Sample telemedicine privileges policy language ..................................179

Chapter 5: Peer Review

Figure 5.1: Sample professional evaluation policy ..................................................194
Figure 5.2: Sample peer review case rating form ..................................................203
Figure 5.3: General monitoring evaluation form ....................................................207
Figure 5.4: Sample APP monitoring evaluation form .............................................209
Figure 5.5: Sample summary FPPE monitoring form .............................................212
Figure 5.6: Possible elements for OPPE general competencies ................................213
Figure 5.7: Sample OPPE monitoring for APPs ...................................................219
Figure 5.8: Sample monitoring form for radiology ................................................220
Figure 5.9: Surgical monitoring report form ..........................................................223
Figure 5.10: Sample documentation of OPPE results ............................................225
Figure 5.11: Sample plans for specialty-specific FPPE .........................................226
Figure 5.12: Sample privilege and FPPE master list table ......................................229
Figure 5.13: Sample telephone contact record ....................................................233
Figure 5.14: Sample physician quality hotline policy .........................................234

Chapter 6: Administration

Figure 6.1: Sample MEC master calendar ............................................................247
Figure 6.2: Sample MEC meeting agenda ............................................................248
Figure 6.3: Sample meeting notes .......................................................................249
Figure 6.4: Basic MSP meeting checklist ............................................................252
Figure 6.5: Sample meeting attendance list .......................................................253
Figure 6.6: Sample committee actions form ........................................................254
Figure 6.7: Sample committee meeting minutes ..................................................254
Figure 6.8: What not to say in minutes .................................................................257
Figure 6.9: Sample time allocation report ............................................................258
Figure List

Figure 6.10: Physician orientation checklist .................................................................260
Figure 6.11: Welcome notice for a new practitioner ....................................................261
Figure 6.12: Sample new physician survey ......................................................................262
Figure 6.13: Medical staff webpage functions ..............................................................266
Figure 6.14: Sample medical staff e-newsletter ...........................................................267

Chapter 8: Additional Tools and Forms

A. Standards Key ............................................................................................................286
B. Medical Staff Standards Study Notes ......................................................................296
C. Acronyms and Abbreviations ..................................................................................309
D. Directory of Resources.............................................................................................318
Marna Sorensen, CPMSM, is director of medical staff services at Portneuf Medical Center, a 187-bed comprehensive regional medical center located in Pocatello, Idaho. She began her healthcare career as a respiratory therapist and has more than 20 years of experience in the medical staff services field. She is past president of the Idaho chapter of National Association Medical Staff Services, and a past recipient of the Charlotte Cochrane scholarship.

Sorensen was a prepublication reviewer for The Joint Commission book Improving the Care Experience. She has contributed to the Credentialing Resource Center Journal newsletter and The FPPE Toolbox: Field-Tested Documents for Credentialing, Competency, and Compliance, both published by HCPro. In addition, she has written articles and reviews for Belles Lettres and the Idaho State Journal, and edited a fictional account of the Tanacross tribe.

Originally from Wisconsin, Sorensen lives in Pocatello with her family. When she’s not directing medical staff services, she’s reading or hunting down obscure volumes in dusty bookstores, sewing or shopping for vintage textiles and patterns, and gardening. Her passion is learning in any form.
Introduction

When I worked in patient care as a respiratory therapist, I felt needed and useful on every shift, every day. It’s tougher when you work behind the scenes, although the work we do as medical staff services professionals is equally important. My daughter was born at Portneuf Medical Center, members of my family have been patients here, and I know that my role in selecting only excellent providers matters to safe, quality patient care.

However, not everyone recognizes the vital role that the medical staff office plays in delivering high-quality patient care. It took a bad Joint Commission survey to make the leadership at my hospital understand just how important the medical staff services department really is.

That was when I learned the importance of documenting what I do, for whom, and why, and for how long; and the absolute need to be vocal and persistent about getting help and recognition. That bad survey resulted in changes in staffing and processes that stand to this day, and continue to evolve and improve. The results have been gratifying. I have a full-time credentials coordinator, an electronic credentialing program, and enough time to truly support my medical staff, to stay current in my field, and to continue to take advantage of changes that promote efficiencies.

For the hospital, this means more time spent preventing medical staff problems rather than addressing new ones, consistent application of the excellent policies and procedures we took the time to develop, and medical staff leaders who feel they are supported by the good systems that they helped to develop. Sometimes it isn’t enough to knock timidly on the door—you may need to pound on it until you get what you need. And as a medical staff services professional, you will need to continually regroup rather than retreat.

That’s why this book is an important resource for readers. Experience is the only thing that can help you more than your respected peers and colleagues, and this book is based on lessons learned the hard way or discovered while struggling through a messy situation. I encourage each of you to keep a professional journal so you can share and refine what you’ve learned over the
years. After all, our jobs are dynamic, not static, which is why this career is both energizing and maddening.

This book is intended to be a one-stop destination for information that you as a medical staff services professional will need every day. It has answers for your toughest questions regarding credentialing and privileging. In addition, this manual provides sample forms and templates you can download and customize to suit your organization.

It takes a certain kind of person to thrive in the medical staff services field—it seems like we either find out we love it and stay in for years, or we ship out quickly. For the individuals who love what they do (even on the bad days), I hope this book provides you with tools and insights that add to the satisfaction you’re already getting, hopefully, from your career choice. For MSPs who are just starting out, and perhaps not sure what to make of the medical staff services department, I hope this book provides you with the information you need to better understand what this job entails and how to do it well. It’s nothing less than protecting patients and improving the care they receive.
How to Use This Manual

On any given day, a MSP might be a detective, a diplomat, a reporter, a standards expert, an IT specialist, and a data analyst—often within several hours. The stakes are high and, for many MSPs, the hours are long. Healthcare delivery certainly isn’t getting any less complicated. Medical staff offices are constantly looking for ways to save time, and a one-stop information source is a necessity. As keepers of medical staff processes, MSPs must know what information and forms are needed, from whom, and when.

With this in mind, The Medical Staff Office Manual: Tools and Techniques for Success is intended to provide the best practices, tools, and insight you need to run an organized, efficient, and effective medical staff office. From basic definitions of medical staff–related terms and concepts to detailed explanations, sample policies, procedures, letters, and downloadable forms, this manual is your go-to reference for successfully running your medical staff office.

On paper and online

This manual is designed to be user-friendly and to help you organize and better operate your medical staff office. It is divided into sections, each covering an aspect of your day-to-day responsibilities:

Chapter 1: The Organized Medical Staff discusses the general responsibilities and components of the modern medical staff, which shape the roles of MSPs. This chapter provides the “why” behind the organized medical staff, the medical staff office, and nearly everything that MSPs are asked to do. You’ll find discussions of service line and departmental medical staff models, as well as descriptions of medical staff leadership positions and their responsibilities.

Chapter 2: The Medical Staff Office takes an in-depth look at the job(s) that most medical staff offices do in support of the medical staff. You’ll also find job descriptions for the medical staff coordinator, credentials coordinator, and director of medical staff services. These job descriptions may also be adapted to other positions or titles within your organization.

Chapter 3: Credentialing takes a scan of one of the medical staff office’s most important tasks, explaining each step of the initial appointment and reappointment processes. This section provides sample letters, policies, and forms for every step—from pre-application to processing and verification—as well as descriptions of who is responsible for those activities. Information on Centers for Medicare & Medicaid Services’ requirements and medical staff–related standards of accreditors are included.
Chapter 4: Clinical Privileges discusses the basics of delineating clinical privileges and provides applicable sample policies, procedures, and forms. Included are resources for temporary privileges, new technologies and procedures, an explanation of emergency privileges versus disaster privileges, as well as information and tools for privileging allied health professionals.

Chapter 5: Peer Review covers ongoing professional practice review, focused professional practice review, and their differences. Here you’ll find policies and forms explaining the peer review process, proctoring and chart review, collegial intervention, corrective actions, the role of peer review in reappointment, and more.

Chapter 6: Administration includes best practices for organizing, conducting, and managing meetings. Information and forms guide readers through the basics of logistical planning, building agendas, recording attendance, taking minutes, completing follow-up, and documenting for compliance and effective medical staff management. This chapter also provides information regarding the medical staff office’s public relations role and information clearinghouse duties, including physician orientation.

Chapter 7: Sharing What You Know includes a collection of case histories, which are actual scenarios adapted from one organization that may look familiar to many readers. This section provides tips for alleviating the challenges of the job and tips for building a solution set to keep history from repeating itself.

Chapter 8: Additional Tools and Forms provides a key to selected medical staff standards, terms and definitions, and a resource directory.

The tasks expected of the modern medical staff office are changing as rapidly as the rest of healthcare. It is hoped that readers will use this book both as a compendium for their own facilities, and as a place to include and share unique, organization-specific forms and additional information as these changes occur.
Important notes

Medical care is now provided by new categories of professionals and is delivered in venues ranging from acute care hospitals to ambulatory surgical facilities, outpatient surgery centers, clinics within retail stores, and other nontraditional locations. Small wonder that there are more accreditation organizations—and standards—than ever before. Individuals responsible for developing and implementing credentialing and privileging processes in any healthcare organization must have a thorough understanding of applicable accreditors’ most recent standards. Discussions of standards in this manual should serve as a point of reference. The summaries provided must not be used as a substitute for firsthand knowledge of a particular accreditor’s standards.

In addition, the scope of medical staff office functions varies greatly among facilities. The individuals who are responsible for credentialing, privileging, and other medical staff processes in any organization must take into account individual requirements that may influence that organization.

Finally, the sample tools and forms in this book are intended to be used as resources to help organizations create their own medical staff– and hospital-specific documents. These tools and forms should not be adopted verbatim and without customization for the unique needs of a particular organization. Medical staff offices and physician leaders should consult with accreditors, legal counsel, and state and federal regulatory agencies (when applicable) to ensure compliance.
Chapter One

The Organized Medical Staff

Each hospital in the United States, regardless of type, must have an organized medical staff. The current model for most practitioners in hospital settings, often called the traditional model, traces its origins to the late 1800s and early 1900s. As medical knowledge and understanding of diseases grew, more citizens began seeking care and treatment in hospital settings. Medical training became more structured, with clearer guidelines for who could be considered a doctor. These trained, certified physicians applied for the privilege of working in a hospital.

Much of the foundation for today’s organized medical staff is regulatory. In its Conditions of Participation for hospitals, the Centers for Medicare & Medicaid Services (CMS) requires hospitals to have an organized medical staff, with documented policies and procedures for self-governance and appointment and reappointment of practitioners.

Section §482.22 (a) indicates that the medical staff must include MDs or doctors of osteopathy (DOs), and can also include, in accordance with state laws including scope of practice laws, other categories of physicians listed at §482.12(c)(1), as well as nonphysician practitioners (e.g., advanced practice registered nurses, physician assistants, registered dietitians, and doctors of pharmacy).

Standards bodies

In addition to the CMS requirements, many hospitals enlist one or more healthcare accreditation bodies to demonstrate to the public that they provide high-quality care. Many of these
organizations base their compliance requirements on the CMS CoPs for hospitals, with additional standards for the organization and operations of the medical staff. The Joint Commission is the standards body used by most U.S. hospitals (see Figure 1.1 at the end of this chapter). Other accreditors in this space include the Healthcare Facilities Accreditation Program (HFAP), DNV-GL Healthcare USA, and to a lesser extent, the Accreditation Association for Ambulatory Health Care (AAAHC), and National Committee on Quality Assurance (NCQA).

The CMS requirements and Joint Commission standards will be mentioned most often throughout this book, but other standards bodies are also cited when applicable.

**Medical Staff Structure**

In the past, the organized medical staff’s mission was to advocate for patient care and physician interests; fulfill federal, state, and regulatory requirements; manage peer review; and take corrective action when necessary. Today, however, the medical staff’s role is expanding to accommodate the new models of healthcare delivery. The medical staff may be expected to provide support and physician leadership for achieving the organization’s strategic goals, in addition to achieving continued compliance with laws and accreditors’ standards; raising quality of care and patient safety; and accommodating increasing volumes of patients with complex and changing needs.

It’s important to remember that there is no ideal, static medical staff organization plan. Aside from specifying the types of practitioners who may apply for privileges to be medical staff members, neither CMS nor The Joint Commission or other accreditors specify the structure of this organization. This is regulatory acknowledgment that:

1. What works from an organizational standpoint for a small rural facility in all likelihood would not be effective for a multistate hospital network

2. Medical staff organizational models will evolve as healthcare continues to change.

Medical staff structures are molded by a variety of factors, including:

- Patient demographics
- Number of other hospitals in the area
- State regulations
- Healthcare networks and relationships with private practices

Changes in the healthcare landscape mean these structures will, in all likelihood, need to change to accommodate further shifts. In many organizations, patient care is transitioning from a traditional hospital setting to more outpatient clinics and other venues, driven by changing demographics, shifting payment models, and regulatory changes. Other facilities are restructuring due to mergers and acquisitions.
Regardless of these shifts, however, each medical staff is still responsible for upholding medical staff bylaws, collaborating with and guiding colleagues, complying with applicable regulations and standards, and advancing the organization’s overall goals—all while ensuring the best patient care possible.

The medical staff hierarchy may include the chief medical officer (CMO) or vice president of medical affairs (VPMA) at the top of the chart, reporting to the hospital board of governors or top-level administration. The medical executive committee (MEC) reports to the CMO or VPMA, with department or service line chiefs and subordinate committees reporting to the MEC and representing the physicians who practice in each department or service line. Figures 1.2 and 1.3 show possible medical staff structures.

See Figures 1.4 and 1.5 for a look at the possible roles and responsibilities medical staff leaders may hold.

Below the MEC level is where medical staff organization variations appear. Most hospital medical staffs are now organized into either a departmental or service line structure. In the departmental model, each department may include one or more specialties, with separate department heads for each distinct department. The department chair has primary responsibility for credentialing and privileging the practitioners in that department.

The departmental approach may have distinct areas and separate chiefs for

- Cardiology
- Gastroenterology
- Family medicine
- OB/GYN
- Pediatrics

The service line model calls for coordinating care across the continuum for defined groups of patients. Service lines are organized by groups of related specialties. So, for example, where a departmental arrangement may have two plastic surgeons in one group, a service line may include the plastic surgeons as well as other specialties. Common service lines include:

- Cardiovascular care
- Medical/surgical care
- Neurosurgery
- Oncology
- Women/children/families
In the service line care model, practitioners who wish to change groups in order to better align their practice with a group may do so by requesting the change and the reason for it, in writing, to the group chief. The group chief may refer the request to the MEC, which makes the final determination. Specialties may change groups using the same process. Individual specialty groups are encouraged to continue meeting for morbidity and mortality conferences and education.

Departmental and service line chiefs and vice chiefs serve for defined terms, often two to three years. Each chief has a job description and undergoes an annual performance evaluation.

**Leadership**

Often the CMO/VPMA is responsible for ensuring that the medical staff rules and regulations are enforced and that the entire medical staff complies with the organization’s policies and procedures. As physician leaders, CMOs/VPMAs also play a large role in developing and implementing patient safety and quality initiatives throughout the organization.

In many organizations, CMOs/VPMAs:

- Guide, assist, or mentor medical staff leaders with their roles and responsibilities
- Direct the evaluation and implementation of new service lines and new technologies
- Partner with the organization’s financial leadership to develop budget strategies, assess medical staffing needs, and evaluate the cost of care and organizational practices relating to regulatory and accreditation compliance and quality of care issues such as patient throughput, timely discharge of patients, wait times in the emergency department, etc.
- Act as the official “voice” of the medical staff to hospital administration and other entities.

**Medical Staff Committees and Functions**

Section 482.22(a)(2) states, “The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates in accordance with state law, including scope-of-practice laws and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations.”
The size of the medical staff and of the organization as a whole will determine the number and responsibilities of medical staff committees, but most hospitals include the following committees that assist in the credentialing, privileging, appointment, and reappointment processes:

- The MEC: According to The Joint Commission standards, the organized medical staff delegates authority, in accordance with law and regulation, to the MEC to carry out medical staff responsibilities.
- The credentials committee: This group provides oversight for all credentialing and privileging of the medical staff.
- The peer review committee: It reviews cases involving members of the medical staff whose care has allegedly fallen outside of expected standards of care.

Each committee has a chair, director, or chief. The leader serves for a defined term, often two or three years. Each chief has a job description and undergoes an annual performance evaluation. Committee leaders may or may not receive a stipend for their role. Medical staff bylaws, rules, or regulations spell out the duties of each committee, the duties of leadership, term lengths for chairs/chiefs, the election/appointment process, and to whom members report and how often.

**Governing Board**

In addition to the committees listed earlier, hospitals have a governing board that has legal responsibility for the operations of the hospital and is ultimately responsible for approving all bylaws, policies, and procedures drafted by the medical staff. In addition, the governing board makes final decisions on MEC recommendations regarding appointment, reappointment, and granting of clinical privileges.

**Department/Service Line/Division Chiefs**

In a departmental medical staff setting, the chair/division chief ensures that all care provided within the department meets or exceeds the quality of care standards. They oversee the quality, peer review, credentialing, and privileging of physicians within their departments and work closely with the MSP to establish and develop these processes. In a facility organized around service lines, these tasks fall to the service line chairs.

- The chairs/chiefs make recommendations to the MEC and board of directors regarding:
  - Services to be offered
  - Minimum performance threshold criteria
  - Indicators they will use to measure quality and performance
  - Practitioners requesting privileges
Other duties for departmental/service line chiefs and vice chiefs can include:

- Mentoring new physicians
- Promoting continuing education and discussion of patient care issues
- Developing and implementing policies and procedures
- Providing input on facility and resource needs
- Participating in the credentialing process
- Advising colleagues on applicable policies
- Providing collegial intervention for wellness issues when necessary
- Recognizing and addressing behavioral and quality trends
- Reviewing and recommending initial appointment fees and reappointment dues
- Determining leadership stipends
- Evaluating medical staff leaders

**Medical Staff Categories**

The number of committees and assigned duties will vary according to the size of the organization and its medical staff. Likewise, different hospitals have different categories of medical staff members, with different requirements for membership. Figures 1.6 and 1.7 describe and illustrate some of these categories.

*The MSP’s place in this picture*

Why is a medical staff office necessary? Because all medical staffs require robust support systems in order to function as efficiently and effectively as possible. The successful medical staff office (or medical staff services department) provides multiple layers of support to the medical staff to help ensure that only qualified professionals are medical staff members. It’s more important than ever for MSPs to understand their office’s place in the realm of patient care and its vital role—not to mention their own critical role—in every medical staff office function.

Chapter 2 offers a closer look at the MSP’s range of responsibilities in today’s medical staff structures.
**Figure 1.1  Accreditation**

Which organization accredits your facility?
(Please select all that apply.)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAAHC</td>
<td>1.1%</td>
</tr>
<tr>
<td>CAMC</td>
<td>1.4%</td>
</tr>
<tr>
<td>DNVGL</td>
<td>8.2%</td>
</tr>
<tr>
<td>HFAP</td>
<td>5.5%</td>
</tr>
<tr>
<td>Joint Commission</td>
<td>76.0%</td>
</tr>
<tr>
<td>NCOA</td>
<td>10.1%</td>
</tr>
<tr>
<td>NRAC</td>
<td>1.4%</td>
</tr>
<tr>
<td>CMS/peer survey/other</td>
<td>24.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Source: 2015 MSP Salary Survey (876 respondents).

**Figure 1.2  Traditional departmental medical staff model**

Practitioners in the same specialties/subspecialties are associated with each department.
Figure 1.3  Service line medical staff model of care

Practitioners in different specialties are associated with each service line.

Figure 1.4  Medical staff leadership positions and committees

<table>
<thead>
<tr>
<th>Position</th>
<th>Qualification</th>
<th>Responsibilities</th>
<th>Term</th>
<th>Elected/ Appointed</th>
</tr>
</thead>
</table>
| Medical Staff President | Officers and medical executive committee (MEC) at-large members must be members in good standing of the Active category, have previously served in a significant capacity, indicate a willingness and ability to serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, attend continuing education relating to medical staff leadership and/or credentialing/ | Chairs the MEC  
Medical staff advocate and representative in its relationships to the board and the administration of the hospital. Provides, jointly with MEC, direction to and oversees medical staff activities related to assessing and promoting continuous improvement in the quality of clinical services and all other functions of the medical staff. | Two years | Elected           |
<table>
<thead>
<tr>
<th>Position</th>
<th>Qualification</th>
<th>Responsibilities</th>
<th>Term</th>
<th>Elected/Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these bylaws. (Refer to Leadership Development Policy.) Must have demonstrated an ability to work well with others and have excellent administrative and communication skills. Officers and MEC at-large members must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital.</td>
<td>Represents the needs and interests of the entire medical staff. Advises the hospital by participating in the evaluation of existing programs, services, and facilities of the hospital and medical staff and evaluating continuation, expansion, abridgment, or termination of each. Advises the hospital by participating in the evaluation of the financial, personnel, and other resource needs for beginning a new program or service, for constructing new facilities, or for acquiring new or replacement capital equipment; assess the relative priorities or services and needs and allocation of present and future resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Qualification</td>
<td>Responsibilities</td>
<td>Term</td>
<td>Elected/Appointed</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>President Elect/Vice President</td>
<td>Officers and MEC at-large members must be members in good standing of the Active Staff category, have previously served in a significant capacity, indicate a willingness and ability to serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, attend continuing education relating to medical staff leadership and/or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these bylaws. (Refer to Leadership Development Policy.) Members must have demonstrated an ability to work well with others and have excellent administrative and communication skills. Officers and MEC at-large members must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest.</td>
<td>Communicates strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members. In the absence of the medical staff president, assumes all the duties and has the authority of the medical staff president. Further duties to assist the medical staff president as the medical staff president requests. Serves as a member of the MEC and may serve on the medical staff quality committee.</td>
<td>Two years</td>
<td>Elected</td>
</tr>
<tr>
<td>Position</td>
<td>Qualification</td>
<td>Responsibilities</td>
<td>Term</td>
<td>Elected/Appointed</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Immediate Past President</td>
<td>Officers and MEC at-large members must be members in good standing of the Active category, have previously served in a significant capacity, indicate a willingness and ability to serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, attend continuing education relating to medical staff leadership and/or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these bylaws. (Refer to Leadership Development Policy.) Members must have demonstrated an ability to work well with others and have excellent administrative and communication skills. Officers and MEC at-large members must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest.</td>
<td>Consultant to the medical staff president and president elect, provides feedback to the officers regarding their performance of assigned duties, serves as a member of the MEC and credentials committee, and chairs the MEC nominating subcommittee.</td>
<td>Elected</td>
<td></td>
</tr>
</tbody>
</table>
### Figure 1.4
Medical staff leadership positions and committees (cont.)

<table>
<thead>
<tr>
<th>Position</th>
<th>Qualification</th>
<th>Responsibilities</th>
<th>Term</th>
<th>Elected/ Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-Large Members</td>
<td>Officers and MEC at-large members must be members in good standing of the Active Staff category, have previously served in a significant capacity, indicate a willingness and ability to serve, have no pending adverse recommendations concerning medical staff appointment or clinical privileges, attend continuing education relating to medical staff leadership and/or credentialing/quality review functions prior to or during the term of office, as defined in the appropriate position description and contained within these Bylaws. (Refer to Leadership Development Policy.) Officers and at-large members must have demonstrated an ability to work well with others, and have excellent administrative and communication skills. Officers and MEC at-large members must disclose in advance any leadership positions they hold or have held in other medical staff organizations or in an organization that is directly competing with the hospital. Refer also to the [Hospital] Policy on Conflict of Interest.</td>
<td>At-large members are voting members of the MEC, advise and support the officers of the medical staff, direct and oversee the work of the medical staff pertaining to quality improvement, peer review, patient safety, error and liability reduction, medical staff development, [Hospital] strategic and capital planning, credentialing and privileging, medical staff governance, leadership succession and communication with the medical staff and between the medical staff, senior management, and the Board. Responsible for representing the needs and interests of the entire medical staff and not simply representing the preferences of their own particular clinical specialty.</td>
<td></td>
<td>Elected</td>
</tr>
<tr>
<td>Position</td>
<td>Qualification</td>
<td>Responsibilities</td>
<td>Term</td>
<td>Elected/Appointed</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Clinical Service Chiefs</td>
<td>Members of the Active staff with relevant clinical privileges and certified by an appropriate specialty board or with affirmatively established comparable competence through the privilege delineation process.</td>
<td>Formulate continuing education and encourage discussion of patient care issues pertinent to that clinical specialty and other related clinical specialties. Conduct grand rounds as desired by physicians in the clinical service. Discuss policies and procedures and reports same to other appropriate clinical service chiefs to foster cross-specialty communication. Discuss equipment needs pertinent to that clinical service. Develop reports and evaluations for a specific issue at the request of another clinical service chief, the MEC, or other hospital or medical staff committee.</td>
<td>Term Elected by majority vote of the Active members of the clinical service, subject to ratification by the MEC. Chiefs may serve successive terms.</td>
<td></td>
</tr>
</tbody>
</table>
**Figure 1.4** Medical staff leadership positions and committees (cont.)

<table>
<thead>
<tr>
<th>Position</th>
<th>Qualification</th>
<th>Responsibilities</th>
<th>Term</th>
<th>Elected/Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee Chairs</td>
<td>Members of the Active staff with relevant clinical privileges and certified by an appropriate specialty board or with affirmatively established comparable competence through the privilege delineation process.</td>
<td>Encourage participation in the development of criteria for clinical privileges and give input on an application or reapplication, when requested by the credentials committee or Medical Executive Committee. Submit an annual report detailing the clinical service activities to the MEC. Act on all matters of medical staff business and fulfill any state and federal reporting requirements. Advise the hospital by participating in the evaluation of existing programs, services, and facilities and medical staff, and by evaluating continuation, expansion, abridgment, or termination of each.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Qualification</td>
<td>Responsibilities</td>
<td>Term</td>
<td>Elected/Appointed</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participate in the evaluation of the financial, personnel, and other resource needs for instituting a new program or service, for constructing new facilities, or for acquiring new or replacement capital equipment, and assess the relative priorities or services and needs and allocation of present and future resources.</td>
<td></td>
<td>Appointed by the medical staff president</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicate strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1.4**

Medical staff leadership positions and committees (cont.)
<table>
<thead>
<tr>
<th><strong>Figure 1.5</strong></th>
<th><strong>Sample medical staff leadership job descriptions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Staff President</strong>&lt;br&gt;Appointed to __ year term&lt;br&gt;[Annual stipend/honorarium: $ ____ ]</td>
<td>Duties: Represents the needs and interests of the entire medical staff. Chairs the medical executive committee (MEC). Advocates for the medical staff and serves as representative in its relationships to the hospital’s administration and board of governors. Provides, jointly with MEC, direction to and oversees medical staff activities related to assessing and promoting continuous improvement in the quality of clinical services and all other functions of the medical staff. Advises the hospital by participating in the evaluation of existing programs, services, and facilities and medical staff, and by evaluating continuation, expansion, abridgment, or termination of each. Participates in the evaluation of the financial, personnel, and other resource needs for new programs or services, for constructing new facilities, or for acquiring new or replacement capital equipment, and assesses the relative priorities or services and needs and allocation of present and future resources. Communicates strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members.</td>
</tr>
<tr>
<td><strong>Medical Staff Vice President/President-Elect—MD or DO</strong>&lt;br&gt;Appointed to __ year term&lt;br&gt;[Annual stipend/honorarium: $ ___ ]</td>
<td>Duties: In the absence of the medical staff president, assumes all duties and has authority of the medical staff president. Additional duties include assisting the medical staff president as the medical staff president requests. Serves as a member of the MEC and may serve on the medical staff quality committee.</td>
</tr>
<tr>
<td><strong>Immediate Past President—MD or DO</strong>&lt;br&gt;Appointed to __ year term&lt;br&gt;[Annual stipend/honorarium: $ ____ ]</td>
<td>Duties: Consultant to the medical staff president and president-elect, provides feedback to the officers regarding their performance of assigned duties, serves as a member of the MEC and credentials committee, and chairs the MEC nominating subcommittee.</td>
</tr>
</tbody>
</table>
### At-Large Members—MD or DO

**Elected to __ year term**

**Duties:** Advise and support the officers of the medical staff, direct and oversee the work of the medical staff pertaining to quality improvement, peer review, patient safety, error and liability reduction, medical staff development, hospital strategic and capital planning, credentialing and privileging, medical staff governance, as well as leadership succession and communication with the medical staff and between the medical staff, senior management, and the board. Responsible for representing the needs and interests of the entire medical staff and not simply representing the preferences of their own particular clinical specialty. At-large members are elected, voting members of the MEC.

### Clinical Service Chiefs

**Elected to __ year term**

(Elected by the active members of the clinical service, subject to ratification by the MEC. Clinical service chiefs may serve successive terms.)

**Duties:** Formulate continuing education and encourage discussion of patient care issues pertinent to that clinical specialty and related clinical specialties. Conduct grand rounds as desired by physicians in the clinical service. Discuss policies and procedures and report on same to other appropriate clinical service chiefs to foster cross-specialty communication. Discuss equipment needs pertinent to that clinical service. Develop reports and evaluations for a specific issue at the request of another clinical service chief, the MEC, or other hospital or medical staff committee. Encourage participation in the development of criteria for clinical privileges and give input on an application or reapplication, when requested by the credentials committee or MEC. Submit an annual report detailing the clinical service activities to the MEC.

### Committee Chairs

**Appointed by Medical Staff President**

**Duties:** Act on all matters of medical staff business and fulfill any state and federal reporting requirements. Participate in the evaluation of existing programs, services, and facilities of the hospital and medical staff and evaluating continuation, expansion, abridgment, or termination of each. Participate in the evaluation of the financial, personnel, and other resource needs for beginning a new program or service, for constructing new facilities, or for acquiring new or replacement capital equipment, and assess the relative priorities or services and needs and allocation of present and future resources. Communicate strategic, operational, capital, human resources, information management, and corporate compliance plans to medical staff members.
### Figure 1.6  Medical staff practitioner category table

<table>
<thead>
<tr>
<th>Category</th>
<th>Qualifications</th>
<th>Responsibilities</th>
<th>Prerogatives</th>
<th>Rights</th>
</tr>
</thead>
</table>
| **Active** | Must have served on the medical staff for at least one (1) year, be involved in twenty-five (25) patient contacts (i.e., an inpatient admission, inpatient referral, inpatient or outpatient care, interpretation, consultation, or surgical/interventional procedure) per year at [Hospital], except as expressly waived for practitioners with at least 20 years of service in the Active category or for those physicians who document their efforts to support [Hospital]’s patient care mission to the satisfaction of the MEC and board. | Contribute to the organizational and administrative affairs of the medical staff.  
Actively participate as requested or required in activities and functions of the medical staff, including quality/performance improvement and peer review, credentialing, risk and utilization management, medical records completion, monitoring activities, clinical protocol development, patient safety initiatives, and the discharge of other staff functions as may be required.  
Fulfill any meeting attendance requirements as established by these bylaws or by action of the MEC or board.  
Fulfill or comply with any applicable medical staff or [Hospital] policies, procedures, and rules. | Exercise clinical privileges granted by the board.  
Vote on all matters presented by the medical staff and by the applicable clinical service and committee(s).  
Be eligible to hold office and serve on or chair any committee in accordance with any qualifying criteria set forth elsewhere in the medical staff bylaws or medical staff policies. | The right to meet with MEC on matters relevant to the responsibilities of the MEC.  
In the event such active member is unable to resolve a matter of concern after working with the clinical service chiefs or other appropriate medical staff leader(s), that Active member may, upon written notice to the medical staff president two weeks in advance of a regular MEC meeting, meet with the MEC to discuss the issue.  
The right to initiate a recall election of a medical staff officer or at-large member of the MEC by following the procedure outlined in these bylaws regarding removal and resignation from office. |
### Medical staff practitioner category table (cont.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Qualifications</th>
<th>Responsibilities</th>
<th>Prerogatives</th>
<th>Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Failure of a medical staff member to pay dues shall be considered a voluntary resignation from the medical staff ($XXX every two years).</td>
<td>Each member of the medical staff in the Active category may call a general medical staff meeting to discuss a matter relevant to the medical staff upon presentation of a petition signed by [25%] of the members of the Active category. The MEC shall then schedule a general medical staff meeting for the specific purposes addressed by the petitioners. No business other than that detailed in the petition may be transacted.</td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td>Reserved for medical staff members who do not meet eligibility requirements for the Active category or choose not to pursue active status.</td>
<td>Contribute to the organizational and administrative affairs of the medical staff.</td>
<td>Exercise clinical privileges granted by the board.</td>
<td>Any medical staff member has a right to a hearing/appeal pursuant to the medical staff's hearing and appeal plan.</td>
</tr>
<tr>
<td>Category</td>
<td>Qualifications</td>
<td>Responsibilities</td>
<td>Prerogatives</td>
<td>Rights</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>------------------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actively participate as requested or required in activities and functions of the medical staff, including quality/performance improvement and peer review, credentialing, risk and utilization management, medical records completion, monitoring activities, clinical protocol development, and patient safety initiatives and in the discharge of other staff functions as may be required. \nFulfill any meeting attendance requirements as established by these bylaws or by action of the MEC or board. \nFulfill or comply with any applicable [Hospital] or medical staff policies, procedures, and rules. \nFailure of a medical staff member to pay dues shall be considered a voluntary resignation from the medical staff ($XXX every two years).</td>
<td>Attend medical staff meetings and applicable committee and clinical service meetings and any staff or [Hospital] education programs, and serve on medical staff committees as appointed by the medical staff president and/or the MEC.</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Qualifications</td>
<td>Responsibilities</td>
<td>Prerogatives</td>
<td>Rights</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Honorary</td>
<td>Restricted to individuals recommended by the MEC and approved by the board. Appointment to this category is entirely discretionary and may be rescinded at any time. Reappointment to this category is not necessary, as appointees are not eligible for clinical privileges. Appointees to the Honorary category shall consist of members who have retired from active practice at [Hospital], have an outstanding reputation, and have provided distinguished service to [Hospital].</td>
<td></td>
<td>May attend applicable medical staff clinical service meetings, continuing medical education activities, and be appointed to committees.</td>
<td></td>
</tr>
</tbody>
</table>
Chapter One

Figure 1.7  Sample medical staff categories language

Following are categories and definitions of medical staff that most organizations use in order to provide optimal care for patients and recognition of practitioners’ skills.

**Active Staff:** Active staff members must be involved in \([n]\) patient contacts (i.e., an inpatient admission, inpatient referral, inpatient or outpatient care, interpretation, consultation, or surgical/interventional procedure) per year at [Hospital]. Active staff members may vote on matters presented at the meetings of the medical staff, serve on medical staff committees, and hold medical staff offices including service chief and/or committee chairperson.

**Associate Staff:** Associate Staff members must be involved in a minimum of \([n]\) patient contacts at [Hospital] during their initial provisional appointment period. Associate Staff are medical staff members who a) do not meet the eligibility requirements for the Active Staff category; or

b) choose not to pursue Active status. They may attend meetings of the medical staff [with/without vote] and applicable service meetings [with/without vote] and committee meetings (with vote), depending on an organization’s bylaws language.

**NOTE:** Physicians in both categories above must comply with all applicable medical staff bylaws, rules, regulations, and policies, including the responsibility for call, for their patients, and for unassigned ER patients.

**Community Staff:** Members are considered members of the medical staff but have no clinical privileges and limited medical staff responsibilities and prerogatives. Community Staff consists of physicians who desire medical staff appointment to access hospital services through referrals in order to provide continuity of care to their patients, to continue to contribute to the medical community and the hospital, and/or to satisfy a criterion of medical staff membership for participation in managed care organization panels.

**Consulting Staff:** Members are practitioners who are renowned for their professional expertise. Appointees [must be currently appointed to the Active Staff of another hospital]. Members may treat patients within the limits of their assigned clinical privileges; may attend medical staff meetings [without vote] and applicable service meetings [without vote], and committee meetings [with vote].

**Courtesy Staff:** Physicians who admit relatively few patients per year, are not active members of the staff, and don’t usually treat patients at [Hospital]. Courtesy staff members must be involved in at least \([n]\) but no more than \([n]\) patient contacts at [Hospital] per appointment period; have served on the Associate Staff for a specified period of time; and be currently appointed to the Active Staff of another hospital. These physicians may or may not be allowed to consult or admit in accordance with state and local regulations.

**Privileges Only/No Membership:** Physicians applying for clinical privileges only may exercise those privileges granted, but do not have the rights or the responsibilities of medical staff membership.

Your organization’s medical staff policies may require any or all of these categories to pay medical staff membership dues.
The Medical Staff Office Manual: Tools and Techniques for Success is a comprehensive guide that maps every aspect of the medical staff office, from onboarding and orienting physicians to querying other facilities for practitioner information and effectively collaborating with physician leadership. In this in-depth manual, author Marna Sorensen, CPMSM, provides MSPs guidance on their role within an organization, quick access to accreditation and regulatory information, and job descriptions and customizable forms to simplify a constantly growing list of daily responsibilities.

This book will help you:

- Consolidate everything you need to do your job into one place
- Detail procedures for all of your daily tasks, including practitioner data queries, acceptance letters, job descriptions, performance reporting, and sample forms
- Demonstrate what you do on a daily basis and clearly define your many roles as an MSP—no more questioning who is responsible for what
- Update medical staff office functions and get the word out using the new technologies at your disposal

Meet the author: Marna Sorensen, CPMSM, is director of medical staff services at Portneuf Medical Center, a comprehensive regional medical center in Pocatello, Idaho. She has more than 20 years of experience in the medical staff services field and has held various positions with the National Association Medical Staff Services (NAMSS). She is past president of the Idaho Association Medical Staff Services chapter and current newsletter editor for the Idaho chapter.