



DEPARTMENT CHAIR

Essentials Handbook

Richard A. Sheff, MD

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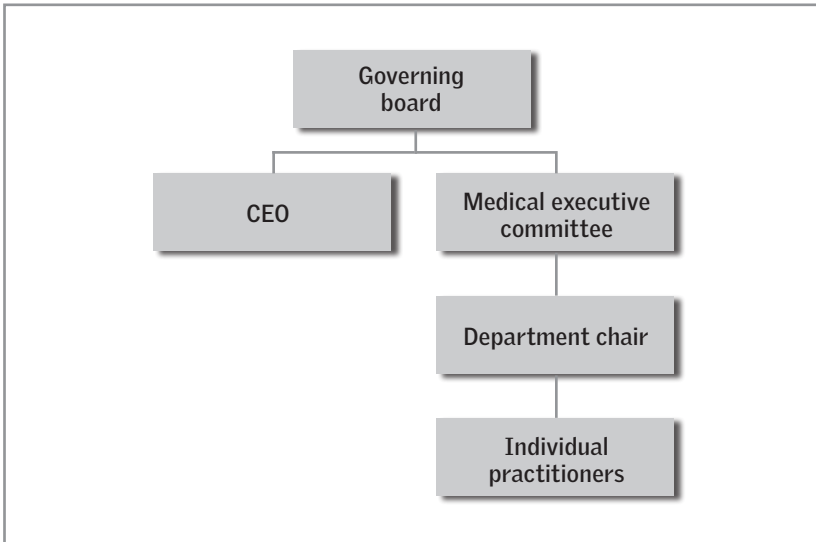
Roles and Responsibilities of the Department Chair

This orientation handbook is intended to provide both new and experienced department chairs with the tools needed to understand and carry out the responsibilities of a medical staff department chair. This training will arm department leaders with the information, knowledge, and skills that they may not have learned in medical school or residency training, but that are critical when serving in this leadership role.

Board, Administration, and Medical Staff Relationships

The first step in understanding your responsibilities as department chair is understanding your role in relation to the rest of your organization. Figure 1.1 is an organizational chart that depicts the relationship between the board, administration, and medical staff.

Figure 1.1

BOARD, ADMINISTRATION, AND MEDICAL STAFF STRUCTURE

As you can see in Figure 1.1, the organizational chart begins with a governing board. The governing board hires a CEO, who hires vice presidents, who hire directors, and so on. The governing board assigns responsibilities to management and holds them accountable by holding the CEO accountable. The governing board also assigns responsibilities to the medical staff.

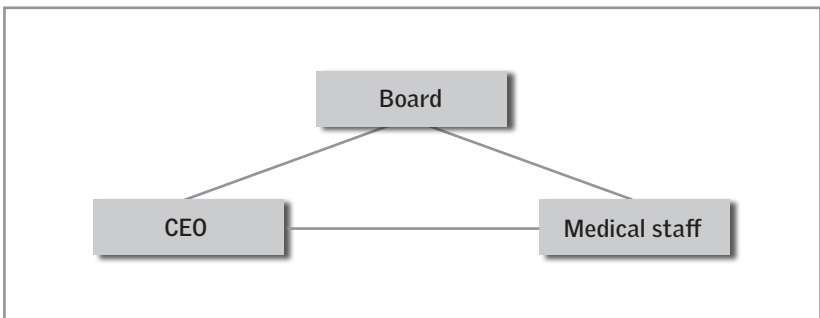
Keep in mind that the medical executive committee (MEC) primarily serves as the senior governing entity within the medical staff. Although the full medical staff has certain reserved powers through elected officers and bylaw amendments, the MEC is primarily responsible for coordinating and managing most of the work of the medical staff. With this in mind, department chairs must understand that they are accountable to the MEC.

Individual practitioners within a specific department are accountable to the department chair, who is accountable to the MEC, which in turn is accountable to the governing board. Although the department chair certainly has a role in advocating for members of his or her department, he or she also has the responsibility to fulfill the functions of the medical staff as delegated to the department chair by the MEC.

The department chair has the challenging task of recognizing where he or she fits within the hierarchy of the traditional medical staff organization while acknowledging his or her role as an advocate for the medical staff. Department chairs should not be subservient to the board. We refer to this balancing act as the three-legged stool model. See Figure 1.2 below.

Figure 1.2

BOARD, ADMINISTRATION, AND MEDICAL STAFF RELATIONSHIPS



A department chair's jobs of advocating for the medical staff and fulfilling delegated responsibilities are not always at odds. When a department chair is advocating for patient care or on behalf of

medical staff members, he or she is fulfilling the board-delegated responsibility to ensure the quality of medical care. You won't find this balancing act outlined in medical staff bylaws, accreditation requirements, or healthcare law, but the model is alive and kicking in your medical staff, and you need to be aware of it.

In addition to advocating for the medical staff, a department chair must partner with the medical staff and ensure that the medical staff is an effective partner for management and the board. Because physicians are accountable to the hospital, yet must partner with the hospital to ensure organizational success, the department chair plays a critical role in fostering these relationships, working to secure open communication, and balancing the interests of all parties. When conflicts arise between the medical staff and management/board, the department chair must use good judgment to help resolve the issue.

Before assuming your role as department chair, you must decide for whom on your medical staff you will advocate. All physicians within your department? A subset of physicians? The entire medical staff? Advocacy is complicated because physicians' interests are not all in alignment. As a department chair you need to be a committed statesperson, not simply act in your self-interest.

The Medical Staff's Major Functions

Most medical staffs, unless they are quite small, have a credentials committee responsible for credentialing and a medical staff quality committee responsible for peer review. We'll come back to responsibilities for credentialing and peer review shortly, but for now we'll discuss the relationship of the department chair to each of these committees.

The department chair reports and is accountable to the credentials committee. When a department chair reviews the file of a medical staff applicant and makes a recommendation, he or she makes that recommendation to the credentials committee. Keep in mind that the department chair is not responsible for making a final decision—only for making a recommendation for the credentials committee to consider when making its recommendation to the MEC regarding medical staff appointment. The same holds true when a department chair recommends criteria for membership with privileges. The credentials committee takes the recommended criteria into consideration and makes a recommendation to the MEC, which in turn makes its own decision.

In terms of peer review, the department chair often does the first peer review or chart review to evaluate a physician's performance. The chair's work measuring performance is accountable to the quality committee (if you have one for your medical staff) or peer review committee, which in turn is accountable to the MEC.

If your medical staff is small enough that you don't have a credentials committee or a medical staff quality committee, the department chair is directly accountable to the MEC for these functions. If you are Joint Commission–accredited, keep in mind that neither The Joint Commission nor any other accreditor requires you to have a credentials committee or a medical staff quality committee. If you have one, it's because you've decided it's the best way to get the work of the medical staff done.

Roles of the Department Chair

1. Recommend criteria for privileges for all specialties assigned to the department—note the word “recommend.” The department does not own privilege criteria. The department chair may want his or her department to discuss criteria and make a recommendation, but that's all it is: a recommendation. The recommended criteria go to the credentials committee, which in turn recommends criteria to the board. Because of the department chair's subject matter expertise, though, he or she is most often best positioned to make recommendations, and since the committees rely on this expertise, they look to the department chair to fulfill this responsibility. A challenge arises when criteria recommendations spark cross-specialty disputes. We will address this challenge when we discuss credentialing and privileging in detail.

2. Review credentials files and recommend action on all initial appointments and reappointments for department practitioners. This is done by carefully reviewing a practitioner's credentials file and recommending the appropriate action.
3. Review and recommend action on all requests for privileges from department practitioners. Practitioners may have already gone through the application or reappointment process and are now requesting additional privileges. Such requests will come through the department chair for review.
4. Participate in peer review (i.e., measurement) consistent with the medical staff's peer review process. Your medical staff has a process for measuring physician performance and providing feedback. The department chair's role in this process will vary. In some medical staffs, the department chair does all of the initial chart review. In others, he or she is the final arbiter of the chart review. In still others, the chair may have a peer review committee within the department. A medical staff may even remove individualized chart review within a department and instead opt for a centralized peer review committee.
5. Oversee and improve (i.e., manage) the quality of care and professional conduct of individuals granted privileges

and assigned to that department. The department chair is responsible for the performance of everyone in his or her department. In short, all physicians within the department are accountable to the department chair for their quality of care and professional conduct in the organization. Many physicians, however, don't understand this accountability, leaving department chairs with an uphill battle. The first step for the department chair is to own this management role. The second is to lead in a way that secures buy-in from physicians to hold themselves accountable.

6. Review and, when appropriate, take action on any reports referred to the chair from other medical staff and hospital committees. Committees will say, "We need the department chair to weigh in on our anticoagulant regimen" or, "We need the chair's input on our block booking policy." The department chair may incorporate input from the medical staff or from his or her department when conducting such reviews, but at the end of the day it's his or her job to make the appropriate recommendations or take the appropriate actions.
7. Perform any relevant activities assigned by the MEC or management (e.g., develop new policies, investigate new technology, evaluate a department-specific matter, etc.). These activities require the department chair's

expertise to be effective. A department chair may carry out these functions or delegate them to others and hold them accountable to complete the task timely and effectively.

8. Represent the interests and needs of the department to other departments and members of the management team. This responsibility ties into the department chair's advocacy role. He or she represents the department to other departments and works to ensure effective collaboration with those departments and with the management team.
9. Orient new members to the department. The department chair plays a critical role in orienting new members and communicating the department's expectations. The chair should show new members the ropes, outline performance expectations, and explain how new members will be held accountable. The orientation should go beyond mundane issues like where new members should park, dictating cases, etc.
10. Collaborate with nursing, management, and medical staff leadership on all matters pertaining to the department and the patient care its members provide. We delve into this topic in another section of this handbook.

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The **Department Chair Essentials Handbook** offers valuable insight into the role of the department chair and provides expert guidance for fulfilling your responsibilities. Whether you are newly assuming this role or have been in it for a while, this handbook can help you reach a deeper understanding of your duties. Get the information, knowledge, and skills you need to excel at this critical role and bring your collaboration and strategic planning to the next level. Plus, to make staff training easy, this handbook includes a customizable PowerPoint® presentation highlighting key takeaways covered in the handbook.

Benefits of **Department Chair Essentials Handbook**:

- Describe the relationship of the board, administration, and medical staff
- Describe the dimensions of physician performance
- Define the department chair's role in credentialing and privileging in relation to the MEC and credentials and peer review committees
- Explain the department chair's role in OPPE and FPPE
- State steps to balance department chair's role and interests that he or she represents
- Describe the department chair's role in managing disruptive physician behavior
- Derive strategies to streamline department meetings

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