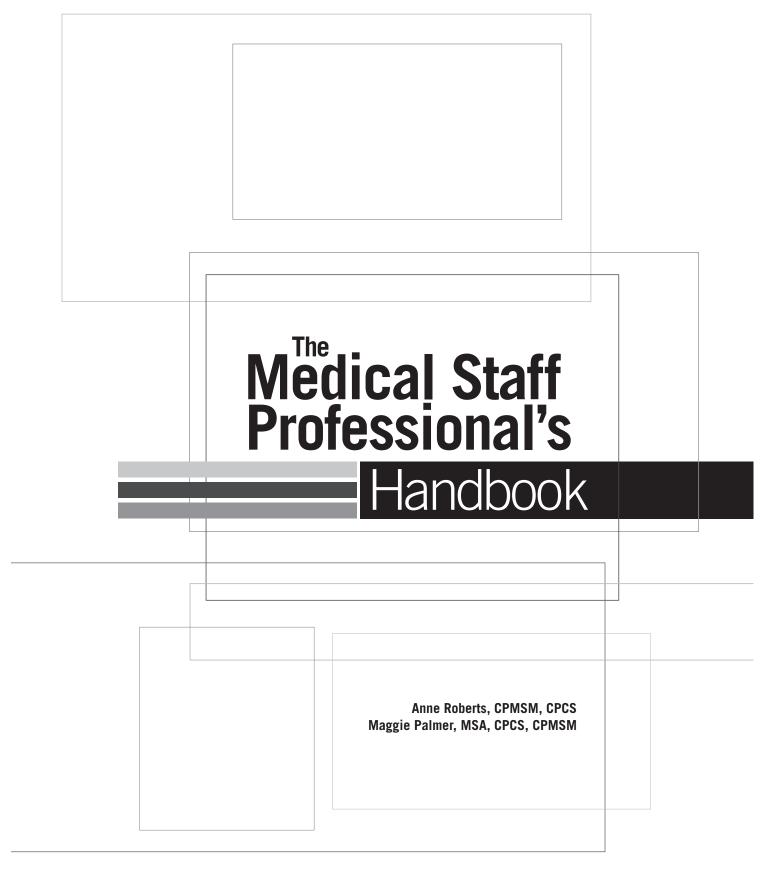# The **Medical Staff Professional's** Handbook

Anne Roberts, CPMSM, CPCS
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The
Medical Staff
Professional's
Handbook

Anne Roberts, CPMSM, CPCS
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HCPro

Advice given is general. Readers should consult professional counsel for specific legal, ethical, or clinical questions.

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Table of Contents

About the Authors

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Anne Roberts, CPMSM, CPCS, is a healthcare administration consultant and author who specializes in assisting medical staff leaders address the legal and administrative aspects of medical staff leadership in a healthcare setting. As a consultant, Roberts works with healthcare organizations across the country to prepare for regulatory surveys, assist with bylaw revisions, draft policies and procedures, restructure medical staff services or graduate medical education departments, and help prepare new physician leaders for their role in administrative leadership positions.

Roberts holds dual certifications as a certified professional medical staff manager (CPMSM) and a certified provider credentialing specialist (CPCS) through the National Association Medical Staff Services (NAMSS).

She is the senior director of medical affairs at Children's Medical Center in Dallas where she oversees the medical staff governance and compliance, medical staff communication, medical staff services, continuing medical education, graduate medical education, research administration, and surgery administration departments.

She is also a member of the NAMSS where she is listed as a speaker. She is an award winner for publications, and she is recognized as an outstanding CPCS.

She has written numerous publications for several national organizations, including *Medical Staff Law: A Guide for Medical Staff Professionals and Physician Leaders* and *The Credentialing Coordinator's Handbook* (both published by HCPro, Inc.). Roberts has been a featured speaker at numerous conferences across the nation on topics including prevention of negligent credentialing lawsuits, Joint Commission standards, core privileges, credentialing 101, orienting medical staff leaders, and addressing disruptive physician behavior.

Maggie Palmer, MSA, CPCS, CPMSM

Maggie Palmer, MSA, CPCS, CPMSM, is a healthcare administration professional with several years of experience in medical staff services, quality improvement, risk management, and consulting, as well as other administrative areas of healthcare. Palmer holds a master's degree in healthcare administration from Central Michigan University. She is dual-certified in her field through NAMSS since 2000 and currently holds CPCS and CPMSM certifications.

Palmer is the director at Scripps Centralized Credentialing Service (CCS) located in San Diego. CCS provides credential verification services to one of the largest healthcare systems in Southern California, which includes five hospitals, managed care, surgery centers, and physician groups. Her previous experience includes executive director of Hawaii Credential Verification Service and credentials specialist at Castle Medical Center and Straub Clinic and Hospital.

Palmer currently serves as the president of the California Association Medical Staff Services. She is also an active member with the National Credentialing Forum, and the American College of Healthcare Executives, and its local chapter in San Diego. Palmer is also on the advisory panel for HCPro, Inc.'s publication, *Credentialing Resource Center Journal*. She formerly served as the bylaws chair for NAMSS and as a board member, education chair of the Hawaii Association of Medical Service Professionals.

Introduction

The Medical Staff Professional's Handbook provides medical staff professionals (MSP), medical staff leaders, and other individuals in healthcare organizations with the fundamental knowledge and resources needed to develop an efficient and effective credentialing and privileging process. As the role of the MSP continues to expand, it is essential for you to have a thorough understanding of the building blocks that are integral to conducting successful and thorough credentialing, privileging, focused reviews, and ongoing reviews.

The process of evaluating clinical practitioners has expanded beyond initial credentialing and reappointment. Although credentialing and privileging are still primary functions of MSPs, in today's healthcare environment, MSPs are often responsible for many other key functions, including, but not limited to:

- Maintaining up-to-date medical staff governing documents

- Developing comprehensive privileging forms based on minimum threshold criteria for clustered or core privileges, advanced or special privileges, and multi-entity privileging

- Developing initial and ongoing medical staff orientation

- Educating the medical staff on regulatory requirements and preparing them for survey

- Working with other departments to gather, track, and trend quality and performance data for ongoing professional practice evaluations

- Developing and implementing communication and education vehicles for the medical staff (e.g., physician newsletters, continuing medical education programs, websites, online training modules)

- Supporting the extensive peer review process outside of standard peer review (e.g., behavior policies, incident reporting systems, divisional morbidity and mortality conferences, ongoing and focused evaluations)

All of these responsibilities, in addition to establishing a comprehensive credentialing and privileging system, require MSPs, medical staff leaders, and other professionals to develop an understanding of the different elements required to maintain a strong system. Creating a sound credentialing and privileging system involves collaboration among many departments, leaders, and committees throughout the organization. Individuals responsible for credentialing and privileging in an organization should consider requirements unique to the organization, including hospital-specific or corporate policies, state laws, and current accrediting standards.

Our discussion of accreditation standards should serve only as a point of reference. These summaries should in no way be construed as a substitute for reviewing the current and most recently updated standards applicable to your organization. Regulatory standards are constantly updated and revised, so you must stay abreast of any changes and constantly monitor the standards to ensure that you have the most up-to-date information. Many regulatory and accrediting agencies offer frequently asked questions and answers to assist MSPs with interpreting the standards. Additionally, if you are unsure of whether you are correctly interpreting the standards, seek clarification directly from the accrediting organization.

Use this book as a comprehensive guide to assist you in developing and implementing an efficient and effective credentialing and privileging process that is designed to protect your organization and staff from potential negligent credentialing claims, meet regulatory standards, and above all, ensure that you have qualified, competent practitioners providing safe, quality patient care. Additionally, this book helps guide MSPs through the new challenges they face as their responsibilities expand into the areas of medical staff administration and governance.

Acronyms and Abbreviations

The following is a list of acronyms and abbreviations that might be referenced in your working environment.

AAAASF	American Association for Accreditation of Ambulatory Surgery Facilities
AAACH	Accreditation Association for Ambulatory Health Care
ABFM	American Board of Family Medicine
ABIM	American Board of Internal Medicine
ABMS	American Board of Medical Specialists
ABPS	American Board of Pediatric Surgery
ACC-AHA	American College of Cardiology – American Heart Association
ACGME	Accreditation Council for Graduate Medical Education
ACLS	Advanced Certification in Life Support
ACO	Accountable Care Organization
ADA	Americans with Disabilities Act
AHP	Allied Health Professional
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
AOA	American Osteopathic Association
AOIA	American Osteopathic Information Association
APP	Advanced Practice Professional
APRN	Advance Practice Registered Nurse
ATLS	Advanced Trauma Life Support
BCLS (BLS)	Basic Certification in Life Support
BOT	Board of Trustees
BQC	Board Quality Committee

CA	Clinical Assistant
CALS	Consolidated Accreditation and Licensure Survey
CEO	Chief Executive Officer
CEU	Continuing Education Unit
CME	Continuing Medical Education
CMO	Chief Medical Officer
CMS	Centers for Medicare & Medicaid Services
CNE	Chief Nurse Executive
CNM	Certified Nurse-Midwife
COO	Chief Operating Officer
CoP	*Conditions of Participation*
COS	Chief of Staff
CPCS	Certified Provider Credentialing Specialist
CPMSM	Certified Professional Medical Services Management
CPR	Cardiopulmonary Resuscitation
CQI	Continuous Quality Improvement
CRC	Credentials Review Committee
CRNA	Certified Registered Nurse Anesthetist
CT	Computer Tomography
CTE	Committee
CV	Curriculum Vitae
CVO	Credentials Verification Organization
DDS	Doctor of Dental Science
DEA	Drug Enforcement Administration
DMD	Doctor of Medical Dentistry
DNR	Do Not Resuscitate
DO	Doctor of Osteopathy
DoP	Delineation of Privileges
DPM	Doctor of Podiatric Medicine
DRG	Diagnosis-Related Group
EC	Environment of Care
ECFMG	Educational Commission for Foreign Medical Graduates

ED	Emergency Department
eHR	Electronic Health Record
EM	Emergency Medicine
EMTALA	Emergency Medical Treatment and Labor Act of 1986
ENT	Ear, Nose, Throat
EP	Elements of Performance
EPLS	Excluded Parties Listing System
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FDA	Food and Drug Administration
FM	Family Medicine
FPPE	Focused Professional Practice Evaluation
FSMB	Federation of State Medical Boards
FX	Fracture
GI	Gastrointestinal
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
GU	Genitourinary
GYN	Gynecology
H&P	History and Physical
HBV	Hepatitis B Virus
HCQIA	Health Quality Improvement Act
Hem	Hematology
HFAP	Healthcare Facilities Accreditation Program (AOA Program)
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIPDB	Healthcare Integrity and Protection Data Base
HIS	Health Information System
HMO	Health Maintenance Organization
HR	Human Resources
IC	Infection Control
ICU	Intensive Care Unit
IDPC	Interdisciplinary Practice Committee
IHI	Institute for Healthcare Improvement

IM	Internal Medicine
IMG	International Medical Graduate
IMQ	Institute for Medical Quality (aka CMA)
IP	Inpatient
IPA	Independent Practice Association
IQRS	Integrated Querying and Reporting Services
IRB	Institutional Review Board
LCSW	Licensed Clinical Social Worker
LIP	Licensed Independent Practitioner
LOA	Leave of Absence
LOS	Length of Stay
M&M	Morbidity and Mortality
MCO	Managed Care Organization
MD	Medical Doctor
MEC	Medical Executive Committee
MOC	Maintenance of Certification
MOS	Measurement of Success
MMR	Measles/Mumps/Rubella
MR	Medical Record
MRI	Magnetic Resonance Imaging
MS	Medical Staff
MSC	Medical Staff Coordinator
MSO	Medical Staff Office
MSP	Medical Staff Professional
MSS	Medical Staff Services
MSSD	Medical Staff Services Department
NALS	Neonatal Advance Life Support
NAMSS	National Association Medical Staff Services
NAQAP	National Association of Quality Assurance Professionals
NBME	National Board of Medical Examiners
NCQA	National Committee Quality Assurance
NICU	Neonatal Intensive Care Unit

NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NQF	National Quality Forum
NTIS	National Technical Information Services
OIG	Office of Inspector General
OP	Outpatient
OR	Operating Room
OSHA	Occupational Safety and Health Administration
P&P	Policy and Procedure
P&T	Pharmacy and Therapeutics
PA	Physician Assistant
PAC	Professional Affairs Committee
PACU	Post Anesthesia Care Unit
PALS	Pediatric Advanced Life Support
PCP	Primary Care Physician
PDS	Proctive Disclosure Service
PDSA	Plan Do Study Act
PGY	Postgraduate Year
PHO	Physician Hospital Organization
PHP	Provider Health Plan
PIC	Performance Improvement Committee
PICU	Pediatric Intensive Care Unit
PIN	Personal Identification Number
PM	Performance Measurement
PPD	TB Skin Test
PPO	Preferred Provider Organization
PPR	Periodic performance Review
PQP	Physician Quality Profile
PRC	Patient Relations Committee
PRO	Professional (Peer) Review Organization
PSRO	Professional Standards Review Organization

QA&I	Quality Assessment and Improvement
QA	Quality Assurance
QAC	Quality Assessment Committee
QI	Quality Improvement
QIC	Quality Improvement Council
QIP	Quality Improvement Process
QM	Quality Management
QMC	Quality Management Coordinator
QMS	Quality Management Services
RAD	Radiology
RMS	Risk Management Services
RN	Registered Nurse
R&R	Rules and Regulations
SICU	Surgical Intensive Care Unit
TJC (JC)	The Joint Commission
TP	Temporary Privileges
TQM	Total Quality Management
UAI	Utilization Assessment & Improvement
UM	Utilization Management
UPIN	Unique Physician Identification Number
UR	Utilization Review
VP	Vice President
VPMA	Vice President of Medical Affairs

Continuing Education Information

National Association Medical Staff Services (NAMSS)

This program has been approved by the National Association Medical Staff Services for 5 continuing education units. Accreditation of this educational program in no way implies endorsement or sponsorship by NAMSS.

Continuing Education Instructions

To be eligible to receive your continuing education credits for this activity, you are required to do the following:

1. Read the book, *The Medical Staff Professional's Handbook*

2. Complete the continuing education exam by visiting the link provided below. You must receive a score of at least 80% to pass.

3. Provide your contact information, including e-mail address, at the end of the exam.

4. Upon successful completion of the exam, you will receive an e-mail with a link to your CE certificate. Save this e-mail in case you need to reprint your certificate in the future.

To start the continuing education exam, copy and paste the following link into your browser:

http://www.hcpro.com/msp/e1

NOTES: If you cannot access the online continuing education exam, contact customer service at 877/727-1728, a copy of the exam can be e-mailed that you can return by mail or fax upon completion.

This book and associated exam are intended for individual use only. If you want to provide this continuing education exam to other members of your staff, contact HCPro's customer service department at 877/727-1728 to place your order. The exam fee schedule is as follows:

Exam Quantity	Fee
1	$0
2–25	$15 per person
26–50	$12 per person
51–100	$8 per person
101+	$5 per person

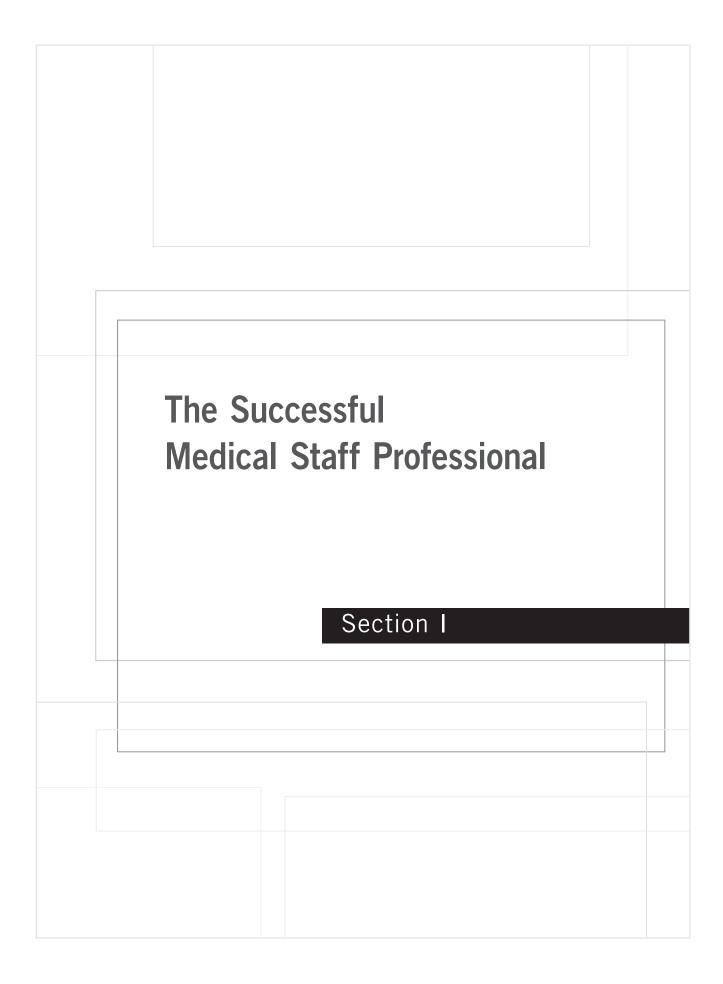## *DOWNLOAD YOUR MATERIALS NOW*

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The Successful
Medical Staff Professional

Roles and Responsibilities of Medical Staff Professionals

Anne Roberts, CPMSM, CPCS

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

- Explain the responsibilities of medical staff professionals (MSP) in regard to credentialing, privileging, and maintaining governing documents

- Define the entities within the organization that MSPs support

- Understand how MSPs function within the organization

MSPs work in hospitals, managed care organizations, ambulatory care centers, private physician offices, and many other healthcare settings. This chapter will focus not only on the role of the MSP, but also the role of the many physician leaders, hospital departments, and medical staff committees with which MSPs work.

The Responsibilities of MSPs

The functions of MSPs continue to evolve and expand. Although MSP roles and responsibilities vary from organization to organization, one thing is common among all MSPs—they must be detail oriented. Paying close attention to details is critical, as MSPs carry out the following duties.

Credentialing

Credentialing is the process of verifying the education, training, experience, and professional credentials of a practitioner. MSPs must verify practitioners' credentials in accordance with their organization's policies and with the regulatory

standards that the organization is accredited by. For example, hospitals that receive Medicaid or Medicare reimbursement must comply with the Centers for Medicare & Medicaid Service's *Conditions of Participation*. If a hospital is accredited by The Joint Commission, then it must meet those standards as well. The National Committee for Quality Assurance (NCQA) typically accredits managed care organizations, so those entities must meet the NCQA standards.

Best practice credentialing requires a qualified MSP who is not only well versed in the regulatory standards, but who is knowledgeable about how to avoid negligent credentialing claims. The MSP does this by ensuring that credentialing paperwork:

- Includes the appropriate language, questions, and attestations that protect an organization from negligent credentialing claims

- Reflects and upholds the medical staff's policies and procedures

Incorrectly wording even one question on a questionnaire or an application can leave an organization vulnerable.

Privileging

Privileging is the process of developing and granting clinical privileges to practitioners. Organizations must determine minimum threshold criteria related to education, training, experience, and current clinical competency that it expects a practitioner to demonstrate before granting the privilege. MSPs work with division chiefs to:

- Outline all procedures and patient care responsibilities provided by practitioners in their divisions

- Establish minimum threshold criteria (such as postgraduate training, board certification, documentation of cases performed within a recent period of time, etc.)

- Determine in which setting practitioners may perform the procedures (inpatient, outpatient clinic, surgery center, etc.)

Maintaining governing documents

MSPs are typically responsible for maintaining the governing documents that outline the practice of the medical staff. MSPs must be extremely detail oriented and constantly monitor regulations and update governing documents as needed. Governing documents include, but are not limited to:

- Medical staff bylaws

- Rules and regulations

- Corrective action and due process plan

- Medical staff policies and procedures, including credentialing, privileging, peer review,

behavior, impaired practitioners, and conflicts of interest

- Medical staff code of conduct

Well-written governing documents are essential to protect the organization from potential lawsuits; however, they also protect the rights of individual members of the medical staff. Medical staff governing documents must include elements required by state and federal laws and reflect regulatory standards and current practices within the organization.

Regulatory readiness

As outlined previously, many different types of regulatory agencies govern healthcare organizations. MSPs are responsible for complying with the different regulatory standards pertaining to the medical staff as applicable to their organization. Most organizations rely on MSPs to ensure compliance with the credentialing and privileging standards as well as standards related to the medical staff as a whole. For example, MSPs are responsible for ensuring compliance with the standard that indicates that temporary privileges shall not exceed 120 days or the time frame outlined in the bylaws.

Achieving compliance involves educating the medical staff on the regulatory standards, preparing them for accreditation surveys, and ensuring that other documents across the organization do not conflict with the medical staff governing documents.

For example, the board typically has a set of bylaws, so the MSP should partner with administration to ensure that the board's bylaws do not conflict with the medical staff bylaws.

Quality and peer review

The MSP's role recently expanded to include more involvement in the quality and peer review processes. Developing incident reporting systems related to medical staff behavior or noncompliance with rules and collecting this data as a part of the ongoing professional practice evaluation process are responsibilities that now fall to MSPs. Because the ongoing review of practitioner performance is closely tied with the peer review process, many MSPs now support and assist peer review committees with carrying out their functions. Additionally, medical staff offices are often the central entity within organizations tasked with establishing clinical indicators and coordinating the various departments needed to collect, track, and trend this data. As such, MSPs now support these functions as well.

Committee support

MSPs work with several committee chairs, such as the pharmacy and therapeutics committees, medical records committee, and the credentials committee, to ensure that the membership of the medical staff committees is diverse and that the committee members are appointed in the manner outlined in the medical staff governing documents. MSPs further support committees by coordinating the

agendas, taking minutes, and ensuring that the appropriate individuals complete action items. The Joint Commission requires medical staff committees to submit frequent reports to the medical executive committee (MEC), and the MSP typically prepares the report on behalf of the committee chair.

Medical staff information and communication

In many organizations, MSPs are the central point of contact for physician information. Their credentialing databases are often considered the "system of truth" for physician data ranging from contact information to dictation numbers.

MSPs also typically oversee the preparation and development of medical staff communication; this can include development of a physician newsletter, education and training needs, orientation, and websites.

Who MSPs Support in the Organization

Although credentialing and privileging are the primary roles of an MSP, the role has increased significantly in scope to include more comprehensive duties that relate to the governance of the medical staff. As a result, MSPs work with several physician and administration leaders to credential and privilege applicants, develop and implement policies and rules

and regulations, and carry out many duties of the medical staff services department.

The following sections outline the individuals and committees MSPs support.

Chief medical officer/vice president of medical affairs

The chief medical officer (CMO)/vice president of medical affairs (VPMA) is typically the physician leader in the organization who ensures that the medical staff governing documents are enforced and that all members of the medical staff comply with the established policies and procedures of the organization. CMOs/VPMAs also play a large role in developing and implementing patient safety and quality initiatives throughout the organization.

In many organizations, CMOs/VPMAs:

- Act as a conduit between administration and the medical staff

- Assist medical staff leaders with carrying out their roles and responsibilities

- Provide direction and guidance to the organization in evaluating and implementing new services and new technologies

- Partner with finance administrators to evaluate the cost of medical care and develop

budget strategies related to the practice of medicine (such as patient throughput, timely discharges, emergency department wait times, etc.)

- Act as the spokesperson on behalf of the medical staff

MSPs often report directly to or work closely with the CMO/VPMA.

Department chairs/division chiefs (in a departmentalized hospital)

Department chairs/division chiefs are responsible for ensuring that all care provided within their clinical area 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. The chairs/chiefs make recommendations to the MEC and board of directors regarding:

- What services their departments will offer

- What the minimum performance threshold criteria will be

- The quality indicators that they will use to measure quality and performance

- Any practitioners requesting privileges

Chairs/chiefs then conduct initial, focused, and on-going reviews for all practitioners granted privileges.

Credentials committee

The credentials committee provides oversight for all credentialing and privileging of the medical staff. Typically, the committee's membership consists of physicians representing numerous clinical disciplines that practice within the organization. The credentials committee recommends credentialing and privileging policies and procedures that are compliant with all laws and regulatory requirements. The committee also reviews all recommended privileging criteria submitted by the chairs/chiefs, reviews requests for new procedure criteria, and reviews the applications for all new members of the medical staff to ensure that they meet the established criteria for membership and clinical privileges.

During the application process, a credentials committee member might be responsible for soliciting information from past practice settings or for conducting a clinical interview. Although The Joint Commission does not require that hospitals have a credentials committee, most organizations (especially those with large medical staffs) have this committee in order to manage the cumbersome credentials review process and make recommendations to the MEC and board of directors.

MEC

According to The Joint Commission's standards, the organized medical staff delegates authority, in accordance with law and regulation, to the MEC to carry out medical staff responsibilities. The MEC is the primary authority for activities related to the medical staff, including performance improvement of the services provided by licensed independent practitioners and other practitioners privileged through the medical staff process. The MEC also oversees disciplinary actions against members of the medical staff. The Joint Commission outlines very specific criteria for the composition of the MEC as well as the roles and responsibilities of this committee.

Governing board

Although the medical staff often drafts policies and procedures, the governing board assumes legal responsibility for the hospital and is ultimately responsible for approving all bylaws, policies, and procedures. The governing board also acts on the recommendations of the MEC in making final decisions regarding appointment, reappointment, and granting of clinical privileges. The governing board and the organized medical staff are expected to work collaboratively. Neither the organized medical staff nor the governing board may unilaterally amend the medical staff bylaws or rules and regulations.

Peer review committee

The peer review committees review cases involving members of the medical staff whose care has allegedly fallen outside of the expected standard of care. Cases referred to the peer review committee come from different sources, including members of the medical staff, the quality department (when a case is identified during a root cause analysis), individual department case reviews, morbidity and mortality conferences, and trended data. Whenever the peer review committee receives a case, it first determines whether committee members have the expertise to conduct a thorough and unbiased review. If they do not, then the committee can identify members of the medical staff with the expertise needed or send the case outside of the organization for review.

Additionally, if the committee determines that there are no members on the staff with the necessary expertise, or those with expertise could be viewed as biased or as a competitor, then the committee would also send the case out for external review.

Other medical staff committees

MSPs may also support and/or collaborate with the following committees:

- Medical records committee: Committee established to review requirements related to documentation, implementation of electronic health records, medical record documentation

forms, patient care consents, and other medical record–related criteria

- Pharmacy and therapeutics committee: Committee established to review all medication administration protocols and/or policies and pharmaceutical practices

- Morbidity and mortality conferences: Educational conferences established at the department/division level to review cases in a multidisciplinary setting

- Bylaws committee: Committee established to review the medical staff bylaws on a routine basis to ensure that they meet the legal and regulatory requirements and to ensure that they do not conflict with any of the other regulatory documents, including, but not limited to, the board bylaws

- Nominating committee: Committee established to identify potential candidates for medical staff leadership position

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Tips for Successful MSPs

MSPs are responsible for their professional growth. Professional growth appears in the form of "make and take" opportunities. Get out of your comfort zone and take on new challenges. Consider the following tips for advancing professionally:

- Share your knowledge with others. Do not limit yourself to your department. Expand to other departments, leadership, volunteer opportunities, local/state/national organizations, etc.

- Stay ethical.

- Balance career and personal life. The healthcare organization will continue on without you. Never miss a vacation. MSPs often take too much on and never take time for themselves.

- Recognize when you are needed, and when you are not needed. Be sensitive and ask to be excused from situations, discussions, or decisions where your presence is not necessary. An MSP does not have to be involved in every issue. Politely and professionally excuse yourself and communicate that you are available at any time if you or your department needs to become involved in the future.