

Medical Staff

1. Question: Answer:

For what conditions is it mandatory that Medical Staff membership be revoked? Loss of Medical Staff license and Conviction of a Felony
2. Question: Answer:

According to the bylaws, automatic suspension of Medical Staff membership occurs with what events? When DEA registration is revoked, failure to comply with the Hospital's communicable disease policy, falsification of information or failure to provide requested information, loss of faculty status, failure to complete medical records within 30 days after discharge.
3. Question: Answer:

Upon appointment to the Medical Staff, what procedures or for what types of patients may the physician treat? The physician may exercise only those clinical privileges specifically approved by the Clinical Board. If there is any question concerning the care a physician may provide, contact the Medical Staff Office. E-Priv is a web-based application available to all employees to verify which clinical privileges a physician can and cannot perform. To access the site go to <http://www.sh.lsuhs.edu/policies/epriv/>. Enter the first letter of the physician's last name. A listing of physicians will appear. Click on the name of the physician and his/her approved clinical privileges will appear.
4. Question: Answer:

If a Resident orders a procedure tray to the patient's bedside and plans to perform an invasive procedure, how can the nursing staff determine if the Resident is permitted to perform this procedure? The LSUHSC-S Web site contains information on Resident Supervision. Each Medical Staff department has determined what each House Officer level may perform with and without supervision. If any questions remain, follow the chain of command in notifying Administration. The Graduate Medical Education website (www.sh.lsuhs.edu/gme) contains the Resident Levels of Care for each clinical department. The

levels of care are broken down by post-graduate level. These levels of care can also be accessed through EPriv. The access the site go to (<http://www.sh.lsuhs.edu/policies/epriv>)

5. Question:
How long are initial appointments and reappointments made to the Medical Staff?

Answer:
Initial appointments: 1 year (Provisional)
Reappointments: Not greater than 2 years.

6. Question:
Who has ultimate responsibility for the medical care provided to the patients of LSUHSC-S?

Answer:
The governing body, the LSU Board of Supervisors, which delegates the function of patient care to the Medical Staff.

7. Question:
What document provides the framework for self-governance of medical staff activities and accountability to the governing body?

Answer:
The Medical Staff Bylaws, Rules and Regulations.

8. Question:
Name several functions of Chairman of a Clinical Department.

Answer:
Oversee all professional, administrative and clinical department activities.
Be a member of the Clinical Board.
Maintenance of Peer Review.
Enforcement of the Bylaws, Rules and Regulations.
Appointment, reappointment and clinical privileges in the department.
Prepare annual reports.

9. Question:
What is the purpose and responsibilities of the Department Policy Committee?

Answer:
Composed of the Clinical Chair and other members of the Medical Staff as the Chair deems appropriate, the purpose is to recommend and propose policies and / or services.
The responsibilities are to recommend departmental criteria for credentialing and privileges and to review current competence of the Medical Staff department members.

10. Question:
What is the name of the executive committee of the Medical Staff?
- Answer:
Clinical Board
11. Question:
What is considered a quorum of a Medical Staff committee?
- Answer:
30% of the appointment Medical Staff membership.
12. Question:
What are the meeting attendance requirements?
- Answer:
Each member of the Medical Staff is required to attend at least 50% of regular Medical Staff meetings.
13. Question:
What constitutes an “excuse” from a Medical Staff Committee meeting?
- Answer:
Medical Staff members will be “excused” only if the secretary of the committee is notified prior to the meeting. If unable to attend, a representative from the department is requested. If a representative attends on behalf of the medical staff member, the representation will be documented.
14. Question:
What is different in regards to the terms, conditions, qualifications and procedures relating to initial appointment and reappointment?
- Answer:
Nothing. All terms, conditions, qualifications and procedures apply to both appointment and reappointment.
15. Question:
When do reappointments occur?
- Answer:
Reappointments will occur every two years on the anniversary date of the practitioner’s original provisional appointment to the Medical Staff.
16. Question:
Upon what factors are the granting of clinical privileges based?
- Answer:
Applicant’s ability to meet all current criteria for the privilege.
Education, training, experience, competence,

clinical judgment, health status, etc.
Available qualified physicians to provide coverage in case of applicant's illness, unavailability.
Hospital's resources and personnel.
Previously successful or pending challenges to any licensure or registration.
Information concerning professional review actions
Other relevant information

17. Question:
How are PA's, NP's and CRNA's approved to practice? How is their ongoing performance evaluated?

Answer:
Their applications are reviewed and recommended by the respective department, approved by Credentials Committee and then Clinical Board. Ongoing monitoring and performance are performed within the individuals' respective department. PA's, NP's and CRNA's are reappointed every two years based on the anniversary of their initial provisional appointment.

18. Question:
If a physician desires to appeal a decision regarding clinical privileges, what process is followed?

Answer:
Article VI of the Medical Staff Bylaws, Rules and Regulations identifies the steps to follow. Hearing and Appellate Review Procedures are covered in Article VII.

19. Question:
What processes exist to identify and manage matters of physician health separate from the Medical State disciplinary process?

Answer:
External Process: The Physician's Health Committee, sponsored by the Shreveport Medical Society. Dr. Mary Jo Fitzgerald is the liaison with the Shreveport Medical Society.
Internal Process: Arthur Fort, MD is responsible for the in-house program, the Employee Assistance Program (EAP).

20. Question:
How does the Clinical Board oversee Medical Staff Performance Improvement?

Answer:
Clinical Board reviews and renders a disposition of every peer reviewed case. Medical Staff are also represented on cross-functional process teams.

21. Question:
Where would you find documentation of approval of the Bylaws, Rules and Regulations by the Medical Staff and the Clinical Board?
- Answer:
Clinical Board Meeting Minutes and Joint Medical Staff Meeting Minutes.
22. Question:
How is your supervision of residents provided and documented?
- Answer:
Countersignatures or statements in the medical record.
23. Question:
How is the performance of physicians at LSUHSC monitored to identify the need for supervision, corrective action?
- Answer:
The final disposition rendered in the Medical Staff and Resident Peer Review Process is a level of severity which is tracked by QM, reported monthly to the Credentials Committee and used in the reappointment process.
24. Question:
How is communication documented between the Medical Staff, Administration and the Governing Body?
- Answer:
Minutes: QLT, Medical Staff Meetings, Clinical Board, Bylaws, Rules and Regulations
25. Question:
How are medical staff members informed of changes in the Bylaws?
- Answer:
Provided with revised texts of the written material prior to being presented at the Clinical Board. Once approved, the membership receives written copies electronically.
26. Question:
How is medical staff participation in organization performance improvement activities documented?
- Answer:
Process Team participation, QLT Meeting Minutes, Clinical Board Reports and Meeting Minutes
27. Question:
How do you know the Clinical Board receives/acts on recommendations from medical staff committees?
- Answer:
QLT Meeting Minutes, Clinical Board Report and Minutes, PI Plan, Bylaws, Rules and Regulations

28. Question:
How is the certification of Department Directors in an appropriate specialty board ensured?
- Answer:
Through the verification process when applying for privileges. Board certification can be verified online at www.certifacts.org.
29. Question:
How do Department Chairmen assess the quality of care and services provided in their respective departments?
- Answer:
Continuing surveillance of peer review activities, review of and recommendations of clinical privileges, assigning corrective actions as needed.
30. Question:
Who grants medical staff membership and clinical privileges?
- Answer:
After appropriate verification of primary sources, letters of recommendation, etc, the Credentials Committee recommends membership to the Clinical Board and the Clinical Board approves membership.
31. Question:
Where is it documented that an applicant for clinical privileges is informed of existing bylaws, rules and regulations and agrees to be bound by them?
- Answer:
Verified by signature on the application for membership.
32. Question:
What is the purpose of criteria for clinical privileges?
- Answer:
To ensure that patients receive quality care.
33. Question:
How does LSUHSC monitor legal cases?
- Answer:
All legal referrals are reviewed through the Medical Staff and Resident Peer Review Process. The dispositions are used by the department in the reappointment process. The Bylaws specify when involvement in a professional liability action must be reported.

34. Question:

How do you ensure that decisions regarding appointment, reappointment, or clinical privileges are based on credentials and not discriminatory?

Answer:

Credentials Committee and Processes, Administrative Directive 2.1

35. Question:

How do you ensure an appropriate physical examination is performed by a qualified physician?

Answer:

Documentation Policy, Hospital Policy 6.5,6.5.1, Peer Review, Variance Reporting, Focused Studies

36. Question:

How does this institution ensure that the medical staff takes a leadership role in organization performance improvement?

Answer:

Membership/participation in committees: P&T, BURC, Operative and Other Invasive, QIC, etc Participation in the Medical Staff and Resident Peer Review Process Teams

38. Question:

Where are the Autopsy Criteria found?

Answer:

Autopsy Hospital Policy .7.6 Resident Manual