
MEDICAL STAFF BYLAWS

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OBJECTIVES

- Review of the State and Federal Regulations, and accreditation standards regarding organized medical staff
- Discuss the Components of the Medical Staff Bylaws
- Describe the “Organized Medical Staff and the relationship with the ASC leadership
- Discuss the process of adopting and amending bylaws
- Provide clarification between Medical Staff Bylaws and Policy and Procedures

Medical Staff Bylaws

- Why do I need Medical Staff Bylaws (MSBL)?
 - CfC 416.45 * Requires Medical Staff be organized and have specific policies and procedures related to Medical Staff
- MSBL should fit your type of facility
- Have you read your MSBL and Rules and Regs
- Ensure you are credentialing according to the MSBL
- Separate policies and procedures
 - Detailed peer review policy

*** All references to CfC 416.45 is 42 CFR Section 416.45**



COMPONENTS OF MEDICAL STAFF BYLAWS

Preamble and Purpose Statement

- Accountability to the Governing Body
 - CfC 416.45 – Medical Staff
 - AAAHC Chapter 2 – Sub- Chapter II Credentialing;
 - TJC - HR Chapter HR 02.01-03-HR 02.03.01

- Governing Body's authority and responsibility for the credentialing process
 - CfC 416.45 – Governing Body grants medical staff privileges
 - AAAHC – Chapter – 2 - Sub Chapter II – The governing board establishes and is responsible for credentialing and re-appointment process
 - TJC - HR Chapter HR 02.01-03-HR 02.03.01- The organization follows a process, approved by its leaders, to grant initial, renewed, or revised privileges and to deny privileges

- Statement of the Medical Staff purpose and mission
 - CfC 416.45 – Medical Staff must be organized

Credentialing Process

- Qualifications for Membership

- CfC 416.45

- ✓ Members of the Medical Staff be legally and professionally qualified for the privileges requested
 - ✓ Current license to practice with the states scope of practice and verify
 - ✓ Current credentials (DEA, medical liability coverage, Board certification, unrestricted hospital privileges)

Credentialing Process

- Qualifications for Membership

- AAAHC Chapter 2 – Sub- Chapter II Credentialing;

- ✓ On a formal application for initial medical or dental staff privileges, the applicant is required to provide sufficient evidence of training, experience, and current documented competence in performance of the procedures for which privileges are requested
 - ✓ Education, training, and experience: Relevant education and training are verified at the time of appointment and initial granting of clinical privileges
 - ✓ Peer evaluation: Current competence is verified and documented
 - ✓ Current state license: Current licensure is verified and documented at the time of appointment
 - ✓ Current credentials: (DEA, medical liability coverage, Board certification, unrestricted hospital privileges)

Credentialing Process

■ Qualifications for Membership

– TJC - HR Chapter HR 02.01-03-HR 02.03.01

- ✓ Possess a current license, certification, or registration as required by law
- ✓ Written statement that no health problems exist that could affect his or her ability to perform the requested privileges
- ✓ Any challenges to licensure or registration (i.e. voluntary termination of privileges)
- ✓ Current credentials for the privileges requested (DEA, DEA, medical liability coverage, Board certification, unrestricted hospital privileges)

Credentialing Process

- Qualifications for Membership

- CA Health and Safety Code 1248.15

- ✓ (B) (i) Members of the medical staff and other practitioners who are granted clinical privileges shall be professionally qualified and appropriately credentialed for the performance of privileges granted.
 - ✓ The outpatient setting shall grant privileges in accordance with recommendations from qualified health professionals, and credentialing standards established by the outpatient setting.

Allied Health

■ Physicians Assistant

- Nationally certified and state-licensed medical professionals
- Any physician (either M.D. or D.O.) may supervise a PA if they have a current medical license and there are no disciplinary or probationary conditions on the physician's license prohibiting supervision of PA's
- Current law limits a physician to supervise no more than four PAs at any moment in time
- The scope of a given PA's practice is limited by his/her supervising physician
- The Delegation of Services Agreement between the PA and the supervising physician then further defines exactly what tasks and procedures a physician is delegating to the PA
- Supervising physician form
- Periodically evaluated by the physician

Allied Health

■ CRNA

- Performing and documenting a pre-anesthesia assessment and evaluation of the patient;
- Ordering and administering pre-anesthetic medications and fluids;
- Obtaining informed consent for anesthesia;
- Developing and implementing an anesthetic plan
- Initiating the anesthetic technique that may include general, regional or local anesthesia with or without sedation;
- Performing and managing regional anesthetic techniques;
- Discharging the patient from a post-anesthesia care area, outpatient surgery section of a facility or from an ambulatory surgery center and providing post-anesthesia follow-up evaluation and care

Allied Health

■ RNFA

- Current Registered Nurse License and RNFA Certification
- The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks
- The RN first assistant practices under the supervision of the surgeon during the intraoperative phase
- The RNFA may not perform the function of the scrub nurse while functioning as the RNFA
- Supervising physician form
- Periodically evaluated by the physician

Credentialing Process

■ Appointment Period

- CMS ***recommends*** re-appointment at least every 24 months
- AAAHC requires a minimum of 3-year appointment period
- TJC requires a minimum of 2-year credentialing period
- CA Health and Safety Code – 1248.15
 - Clinical privileges shall be periodically reappraised by the outpatient setting
 - Each licensee who performs procedures in an outpatient setting shall be peer reviewed at least every two years
 - The peer review process shall evaluate the basic qualifications, staff privileges, employment, medical outcomes, or professional conduct of a licensee to make recommendations for quality improvement and education

Credentialing Process

- Describe the process for initial appointment and re-appointment
 - CfC 416.45
 - ✓ Must have a process for appointment and re-appointment
 - ✓ CMS ***recommends*** re-appointment at least every 24 months
 - ✓ Credentialing of other practitioners must follow a similar process (podiatry, dentists, etc.)
 - ✓ Review of the practitioner's case record including quality metrics
 - ✓ Periodic evaluation of Allied Health

Credentialing Process

- Describe the process for initial appointment and re-appointment
 - AAAHC Chapter 2 – Sub- Chapter II Credentialing
 - ✓ The governing body approves mechanisms for credentialing, reappointment, the granting of privileges, and suspending or terminating clinical privileges, including provisions for appeal of such decisions
 - ✓ The governing body has specific criteria for the initial appointment and reappointment of physicians, podiatrists, and dentists.
 - ✓ Provisions are made for the expeditious processing of applications for clinical privileges
 - ✓ 3-year appointment period

Credentialing Process

- Standards for Privilege Determination
 - CfC 416.45 —
 - ✓ ASC grants privileges from recommendations of qualified personnel
 - ✓ Evidence of specialized training and experience
 - ✓ Opinion of qualified medical personnel on the competence of applicants considered
 - ✓ Specific Scope of Privileges for each member

Credentialing Process

- Standards for Privilege Determination
 - AAAHC Chapter 2 – Sub- Chapter II Credentialing;
 - ✓ The governing body makes initial appointment, reappointment, and assignment or curtailment of clinical privileges of medical staff members based on professional peer evaluation (and consistent with state law)
- Specialty Training
 - Delineation of Privileges
- Is ACLS required for non-anesthesia providers?

Credentialing Process

- Requests for additional privileges
 - CfC 416.45 – Determine requirements to request new privileges
- Failure to Meet threshold criteria for privileging
 - CfC 416.45 – If the Governing Body does not grant privileges – must document why?
- Proctoring Requirements
 - Chart review versus direct observation
 - # of times
 - Discretion to require or waive based upon members credentials

Credentialing Process

- Practitioner Review opportunities:
 - Peer references at time of initial appointment
 - NPDB Query
 - Continuous Query
 - Medical Board of CA query (805)
 - CfC 416.45 – consider outside physician assessment if only one physician ASC
 - Conflict of interest
 - AAAHC – Chapter 2 Governance (subchapter 3 – Peer Review)
 - Review of OPPE and FPPE at re-appointment
 - CA Health and Safety Code 1248.15
 - ✓ Every two years
 - ✓ Peer Review by LIP of same or similar privileges

Composition of the Medical Staff

- Who comprises the Medical Staff (MD's, osteopathic practitioners, Allied Health, etc.)
 - Describe the eligible licensure categories (podiatrist, dentists, oral surgeons)
 - CfC 416.45 – Medical Staff
 - ✓ Ensure all practitioners are working within the state's scope of practice
 - ✓ Each specialty should have their own delineation of privilege
- Describe the Medical Staff categories:
 - Temporary
 - Provisional
 - Active/Courtesy/ Consultative
 - Emergency/Volunteer

Temporary Privileges

- Who can grant temporary privileges?
 - The Governing Board, Medical Director, or the Administrator
- When do you grant temporary privileges?
 - Emergency patient care need that mandates an immediate authorization to practice
- Time limits for temporary privileges
 - 90 days
- What is required to process applicant for temporary privileges?
 - Application and verification of credentials

Medical Staff Committees and Leadership

- Describe your Committees
 - Quality Improvement Committee
 - Credentialing Committee
 - Medical Executive Committee
 - Ad-hoc Committees
- Responsibilities of the Committee
- Attendance requirements and quorum
- Medical Director Role

Components of the Medical Staff Bylaws

- Hearing and Appeals Process
- Fair Hearing Plan
- Procedures to conduct a fair hearing in compliance with statutory requirements
- Established organizational structures for investigation, review and final decision

Components of the Medical Staff Bylaws

- Amending of the MSBL and Rules and Regs
 - Provide at least a 5-day notice of the planned meeting and the proposed Bylaw changes
 - Present at a Medical Staff Meeting at which a quorum is present
 - Affirmative vote of 2/3 of the active medical staff
 - Requires the approval of the Governing Board
- Don't make it too difficult!

General Provisions

- Sharing of Information with Local Acute Care Hospitals
 - Memorandum of Understanding
 - Peer Review
- Sharing of Peer Review Information
 - CA Business and Professions Code 809.08
 - Reporting to the Medical Board and NPDB
 - CA Business and Professions Code 805

General Provisions

- Confidentiality
 - CA Evidence Code 1157
- Disclosure of Conflict of Interest
- Standards of Conduct
 - Code of Conduct
 - Impaired Healthcare provider
 - Workplace Violence and Harassment

General Provisions

- Performance Metrics
 - Cost per case
 - Average time per case
 - Delaying other physicians

Medical Staff Rules and Regs

- Admissions of Patients
- Discharge of Patients
- Medical Records
 - Confidentiality
 - Completion in a timely fashion (30 days)
 - Suspension
 - Pre-op Evaluation
 - Elements of H&P

Medical Staff Rules and Regs

- Administration of Drugs
- Adverse Event Reporting
 - CA Business and Professions Code 2216.3
- Infection Control
 - Surveillance
 - Post-op complications
- Informed Consent

Medical Staff Rules and Regs

- Quality Assurance Performance Improvement
 - Participation in the Program
 - Safety Responsibilities
 - Utilization Management
- Hospital Transfer –high level of care
 - Hospital Transfer Agreement OR
 - Physicians on Staff at local hospital
 - Notification to Hospital regarding services provided at ASC – CMS only

References

- CMS CfC Appendix L
 - www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap1_ambulatory.pdf
- 2018 AAAHC Ambulatory Accreditation Standards
- 2018 TJC Ambulatory Accreditation Standards
- CA Business and Professions Code 805, 805.5 and 809.08
- CA Business and Professions Code Division 2. Healing Arts; Chapter 6. Nursing; Article 7. Nurse Anesthetists
- CA Health and Safety Code 1248.15
- Medical Board of CA
 - https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Physician_Assistants_FAQ.aspx

Know What's in your Bylaws!

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