



2017

HORTY  SPRINGER



GRAND  
ROUNDS

INFORMATION DOCTORS CAN'T AFFORD TO MISS

A series of one-hour audio conferences designed for even the busiest physicians.

- Offered the first Tuesday of every month of 2017 from 1:00 – 2:00 p.m. (Eastern Time)
- Just \$1,850 if you register for all 12 conferences (*includes MP3 of December 13, 2016 Bonus Session*)
- All registrants receive the MP3 at no extra charge following the conference

This course has been approved for National Association of Medical Staff Services (NAMSS) continuing education credit. Accreditation of this educational content in no way implies endorsement or sponsorship by NAMSS. Each of these programs is hereby awarded 1.0 NAMSS continuing education credits.

Each of these activities has been approved for *AMA PRA Category 1 Credit(s)™*.

Jointly sponsored by the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences and HortySpringer Seminars.

The University of Pittsburgh is an affirmative action, equal opportunity institution.

---



## **BONUS SESSION!**

**December 13, 2016**

### **Guide to Drafting and Adopting Medical Staff Bylaws, Policies and Rules & Regulations**

#### **Rachel Remaley and Barbara Blackmond**

We're kicking off our 2017 "Grand Rounds" audio conference series early! The 2017 series is focused on best practices to incorporate into your Medical Staff Bylaws, peer review policies, and other important documents. To help guide your efforts, on December 13, 2016, we will offer a BONUS session – free to all who purchase the entire 2017 Grand Rounds series. You don't want to miss this one! We will discuss who should be involved in drafting and revising Medical Staff and Hospital policies, as well as conducting a revision process that is transparent, inclusive, and, hopefully, painless. We'll also discuss how the document revision process can offer an excellent education on best practices and a way to attract and engage future leaders.

#### **Topics:**

- One document or more?
- What goes in "Bylaws" vs. Rules and Regulations vs. Medical Staff policies vs. Hospital policies?
- How often should the Bylaws be reviewed and revised?
- Who should be charged with responsibility for drafting revisions? A Bylaws Committee? An ad hoc committee? Consultants? Medical associations?
- How to go about a Bylaws revision project if it has been a very long time since the Medical Staff Bylaws were last reviewed and revised
- What is the process for amendment of Bylaws, Rules and Regulations, and policies?
- Conducting a transparent revision process
- Overcoming barriers standing in the way of change.

#### **Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. identify the topics that are required to be addressed in Medical Staff Bylaws versus those that may be addressed in other Medical Staff documents;
2. conduct a transparent Bylaws revision process, including early notice to the Medical Staff at large regarding any revisions (thereby preventing any element of surprise and the complications that can come along with that); and
3. amend and adopt Medical Staff Bylaws, Rules and Regulations, and Medical Staff policies in a manner that complies with legal and accreditation standards and current documentary requirements.



## January 3, 2017

### Medical Staff Bylaws – Session 1: Credentialing

**Susan Lapenta and Joshua Hodges**

The credentialing process is the foundation for the quality of care delivered in your hospital. If you have a well-defined credentialing process and appoint only highly qualified applicants to your medical staff and allied health staff, your patients will benefit. An excellent credentialing process starts with well-drafted medical staff bylaws (and related documents). Your bylaws should define threshold eligibility criteria, keep the burden on the applicant, and provide guidance on how to deal with “red flags” in applications.

**Topics:**

- Threshold eligibility criteria
- Initial review of applications (the pre-application phase)
- Complete vs. incomplete applications
- Processing applications for initial appointment
- Processing applications from AHPs
- Processing applications when an exclusive contract exists
- Primary source verification for telemedicine and locum tenens (must you really contact *every* hospital where they have previously worked?)

**Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. identify common credentialing issues relating to initial appointment, reappointment, and granting of clinical privileges; and
2. implement practical tips and tools to significantly enhance the effectiveness of the credentialing process.

---

## February 7, 2017

### Medical Staff Bylaws – Session 2: Privileging

**Barbara Blackmond and Charlie Chulack**

When it comes to granting clinical privileges, the Medical Staff Bylaws or Credentialing Policy should provide a roadmap for Medical Staff leaders to handle common privileging issues and manage them fairly. As the provision of health care evolves, unique privileging issues arise and must be dealt with effectively. To facilitate this, the Medical Staff Bylaws or Credentialing Policy should have a detailed process for addressing *locum tenens* privileges, privileges for new procedures, privileges that cross specialty lines, telemedicine privileges, disaster privileges, and privileges for advanced practice clinicians. Policies should also outline how the Hospital and Medical Staff leaders will deal with requests to relinquish privileges, including consideration of how a request will impact important Hospital functions such as providing call coverage. This audio conference will cover these topics and more so that attendees have the tools to develop and implement successful clinical privileging processes.



## February 7, 2017 (cont'd.)

### Topics:

- *Locum tenens* privileges
- Privileges for new procedures
- Privileges for AHPs
- Privileges that cross specialty lines
- Telemedicine privileges
- Disaster privileges in the Bylaws
- Relinquishment of privileges and resignation from staff

### Learning Objectives:

Upon completion of this audio conference, participants should be able to:

1. identify the issues present in difficult privileging tasks;
2. have the tools to develop a process for granting clinical privileges for *locum tenens*, new procedures, AHPs, telemedicine, disasters, and privileges that cross specialty lines; and
3. manage requests for relinquishment of privileges intended to avoid certain medical staff duties.

---

## March 7, 2017

### Medical Staff Bylaws – Session 3: Collegial Intervention & Peer Review Activities

#### Linda Haddad and Susan Lapenta

Medical Staff leaders have begun to embrace their responsibility to “give every medical staff member the best chance to be successful.” Rather than permitting small issues – documentation failures, inappropriate comments, inappropriate hospitalization – to mount, early intervention is the opportunity to alert the physician to the concern, remind him or her of the rules and guide appropriate behavior. You call that “collegial intervention.” It works! But it must be structured the right way. The Bylaws should make it clear that even this informal process is part of your peer review, subject to the same rules and protections, such as documentation and mandatory participation. And, because collegial intervention is not as easy as it may seem, careful planning improves the likelihood of success.

### Topics:

- What should the Bylaws say about collegial intervention?
- Conflict of interest guidelines
- Attorney participation in peer review meetings
- Notice to practitioner of reported concerns
- Notice to practitioner of information to be added to credentialing/peer review file
- Mandatory attendance at collegial intervention meeting





## March 7, 2017 (cont'd.)

### Learning Objectives:

Upon completion of this audio conference, participants should be able to:

1. better develop performance improvement plans to address concerns about practitioners' clinical performance;
2. define the benefits of utilizing collegial intervention and other progressive steps for addressing these issues in a constructive manner, rather than immediately pursuing disciplinary action; and
3. identify and implement processes to maximize participation in the process.

---

## April 4, 2017

### Medical Staff Bylaws – Session 4: Automatic Relinquishment, Suspensions & Investigations

#### Linda Haddad and Susan Lapenta

If collegial intervention does not resolve concerns, several other options are available to Medical Staff leaders. Perhaps the issue can be addressed through an automatic relinquishment of appointment and clinical privileges. Or, the issues might be serious enough to warrant the imposition of an immediate precautionary suspension. Or, the pattern or trend of concerns might not be resolved informally and may require a more formal investigation. All of these actions have legal and patient care consequences so the process must be well designed and clearly articulated in Bylaws. Good Bylaws language is the best way to assure that leaders follow a process that is fair to the practitioner, puts patient care and safety first, and fulfills all legal requirements.

#### Topics:

- Automatic relinquishment for:
  - failure to satisfy threshold criteria
  - failure to attend a mandatory meeting
  - failure to submit to an evaluation or otherwise provide information
- Reinstatement after automatic relinquishment
- Precautionary suspension review procedures
- Commencement of formal investigation (Should the Bylaws address reporting surrenders to the NPDB?)
- Appointing an investigating committee
- Notification to practitioner of commencement of investigation
- Should interviews conducted during investigations be recorded?
- Practitioner opportunity for input
- Investigating committee report

#### Learning Objectives:

Upon completion of this audio conference, participants should be able to:

1. draft automatic relinquishment provisions that address objective factors that automatically result in relinquishment of appointment and privileges, avoiding unnecessary suspensions;
2. draft precautionary suspension provisions in a manner that complies with the Health Care Quality Improvement Act; and
3. draft Bylaws that guide medical staff leaders through a thorough and fair formal investigation.



**May 2, 2017**

## **Medical Staff Bylaws – Session 5: Hearings, Appeals and Litigation**

### **Charlie Chulack and Susan Lapenta**

It's important to know when you have (and haven't) crossed the threshold of an adverse professional review action that entitles a member of the Medical Staff to a hearing. The Medical Staff Bylaws should clearly identify which actions trigger a right to a hearing and which actions do not. The Bylaws should also define a fair, balanced hearing process that keeps the burden on the physician to demonstrate that he or she has met the standards for appointment and clinical privileges. Bylaws should provide for a pre-hearing process in which the parties can address and resolve procedural issues. Medical Staff hearings are administrative proceedings; however, sometimes they spiral out of control. This doesn't need to be the case. Carefully drafted Bylaws language on the roles of attorneys in the proceedings, time limits for the presentation of evidence, and other procedural issues will result in a fair proceeding for the physician while keeping the hearing from morphing into a full-scale trial.

### **Topics:**

- What is an "adverse" action?
- Actions that give rise to a hearing
- Actions that do not give rise to a hearing
- Composition of hearing panels
- *Voir dire* and objections
- Attorney participation in hearings
- Time limits and procedural rules for hearings
- Standard of review at hearings and appeals
- Immunity and release language

### **Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. describe the details of a medical staff hearing and appeal process that is fair to the subject physician;
2. identify the components of a medical staff hearing and appeal process that preserves immunity under federal and state law; and
3. identify the medical staff actions which should and should not give rise to medical staff hearing and appeal rights.

---

**June 6, 2017**

## **Professional Practice Evaluation Policy – Nuts and Bolts**

### **Paul Verardi and Phil Zarone**

The "peer review" world is changing dramatically – and for the better! Whether the issue is clinical quality, conduct, health, or utilization, it is possible to create an effective process that achieves the two major goals of peer review: patient safety and physician success. This audio conference will focus on structure and information flow – who should be involved in the review process, their roles, and the tools they need to conduct effective and efficient reviews.



## June 6, 2017 (cont'd.)

### Topics:

- Making peer review educational rather than punitive
- Deciding what to review
- Responding to those who report a concern
- Role of PPE Support Staff: When is physician review NOT required?
- What is a Leadership Council and what does it do?
- Obtaining specialty expertise
- Assigning the review to other physicians
- Eliminating scoring and using objective review forms
- Multispecialty Professional Practice Evaluation Committee – who serves and what is its role?
- Role of the MEC and Board

### Learning Objectives:

Upon completion of this audio conference, participants should be able to:

1. describe the roles and responsibilities of individuals and committees who participate in an effective peer review process; and
  2. identify peer review “best practices” that foster consistent, constructive, and effective reviews.
- 

## July 11, 2017

### Professional Practice Evaluation Policy – Special Topics

#### Paul Verardi and Phil Zarone

A modern Professional Practice Evaluation (aka, “peer review”) Policy should anticipate and address specific issues that will arise during the review process. This promotes transparency and consistency by giving physicians advance notice of exactly how the process will work. It also makes life easier for physician leaders by giving them guidance and tools they need to ensure that reviews are fair and effective. This audio conference will discuss policy provisions that ensure the process is educational rather than punitive.

### Topics:

- Obtaining input from the physician under review
- What performance improvement plan options do you have? How do you practically implement them?
- What factors need to be considered when proctoring or second opinions are to be used? Is that a reportable restriction?
- What about employed physicians? How can the peer review process be coordinated with HR/the employment contract?
- Managing conflicts of interest in the PPE setting
- Rules for educational sessions
- Communications and confidentiality in the PPE process



## July 11, 2017 (cont'd.)

### **Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. describe the roles and responsibilities of individuals and committees who participate in an effective peer review process; and
  2. identify peer review “best practices” that foster consistent, constructive, and effective reviews.
- 

## August 1, 2017 Professionalism Policy

### **Barbara Blackmond and Rachel Remaley**

More and more, hospitals are getting serious about requiring professional conduct from all who work within their organizations. But, without the right documents to support their efforts, Hospital and Medical Staff leaders can find themselves unclear about how to address matters of professional conduct without resorting to a formal investigation or “corrective action.” Are collegial interventions acceptable? What if the practitioner demands that he or she is entitled to a formal investigation and due process? What if the practitioner won’t cooperate or come to a meeting to discuss the leaders’ concerns? For that matter, what if the practitioner disagrees that his or her conduct was unprofessional? Is it enough that the leaders feel that the conduct is clearly and obviously outside the bounds of acceptable workplace behavior? If these questions have sometimes stumped your leaders, please join us for this session addressing “must have” provisions for your Professionalism Policy.

### **Topics:**

- Articulating expectations by clearly defining professional vs. unprofessional conduct
- How reports regarding conduct can be lodged (anonymous reports, verbal reports, written reports, etc.)
- Retaliation prohibitions
- Progressive steps for addressing conduct
- Personal codes of conduct

### **Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. clearly define the types of conduct that constitute unprofessional, inappropriate and/or disruptive conduct, as well as the type of conduct that is deemed professional, appropriate, and consistent with a safe working and patient care environment;
2. articulate a prohibition on retaliation as part of the organization’s peer review processes; and
3. identify progressive, collegial steps that hospital and medical staff leaders may utilize to address conduct issues manifested by those with clinical privileges.





**September 5, 2017**

## **Practitioner Health & Wellness Policy**

### **Charlie Chulack and Rachel Remaley**

Practitioner health can be a prickly issue to deal with because Medical Staff leaders and Hospitals often find themselves striving to protect patients, comply with laws protecting those with disabilities, and provide a fair process to the affected practitioner. A detailed Practitioner Health & Wellness Policy can offer a blueprint for handling practitioner health that satisfies all these aims. In furtherance of this, an effective Practitioner Health & Wellness Policy will define what constitutes an “impairment,” how health concerns should be brought to the attention of Medical Staff leaders and administration, and the process for addressing health issues. A Practitioner Health & Wellness Policy should also outline the process for reinstatement from a leave of absence for a health issue and the confidentiality of health-related information. This audio conference will cover these topics and more to assist attendees in developing and implementing a non-punitive process that protects patients, while working to facilitate the rehabilitation of impaired practitioners.

#### **Topics:**

- Defining “impairment” – it’s not just drug and alcohol abuse!
- Should colleagues be *required* to report health concerns about another doctor? What about self-reporting?
- Authority to require blood, urine, hair testing
- Authority to require fitness for practice examination
- Collegial intervention options for health issues
- Reinstatement procedures
- Confidentiality of health-related information

#### **Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. clearly define the many types of impairment that can affect a practitioner’s ability to practice safely;
2. identify bylaws and policy provisions that give hospital and medical staff leaders the tools they need to identify and evaluate possible impairment issues early; and
3. identify policy provisions that support collegial intervention to assist impaired practitioners with recovery and safe return to practice, while protecting patients in the meantime.

---

**October 3, 2017**

## **Hot Topics: Vaccination, Marijuana & Opioids**

### **Alan Steinberg and Joshua Hodges**

Vaccinations of Medical Staff physicians and the impact of certain high-profile drugs on hospitals and staff have become hot issues. CMS requires vaccination for Medical Staff members and other providers in the Hospital. Is the Hospital in the position to allow medical, religious and any other exemptions from vaccination? The legalization of marijuana use, be that medical and/or recreational, is quickly growing in states across the country. In a state in which recreational use of marijuana is legal, can the peer review and/or physician aid processes be used if either quality or behavioral issues are believed to be linked to the physician’s marijuana use? For patients who have their own medical marijuana dispensed legally, should they be allowed to bring the marijuana into the Hospital for its continued usage? The opioid addiction crisis is well documented. How did we get to this point, and how does the crisis affect Hospitals and Medical Staffs? These and many more questions will be discussed in this Hot Topics Grand Rounds audio conference.



## October 3, 2017 (cont'd.)

### Topics:

- Ethical and legal concerns posed by mandatory vaccination for medical staff members and other providers, including the scope of medical and religious exemptions from vaccination
- Recent changes in legal standards on medical and recreational use of marijuana and how to cope with them
- The ongoing opioid addiction crisis and how it affects hospitals and medical staffs

### Learning Objectives:

Upon completion of this audio conference, participants should be able to:

1. identify key issues in drafting a legally compliant vaccination policy for members of the medical staff;
  2. describe and implement strategies for responding to changing legal standards on marijuana use; and
  3. discuss the roles of hospitals and physicians in the opioid epidemic.
- 

## November 7, 2017 On-Call and EMTALA Policies

### Alan Steinberg and Phil Zarone

EMTALA and its on-call requirements recently had their 30th birthday, but few Hospitals and Medical Staffs celebrated. While EMTALA responsibilities should no longer be a surprise, it's still a difficult regulatory scheme that creates ongoing problems for Hospitals and physician leaders. While this audio conference will focus upon frequent on-call problems many Hospitals still face, we'll also give an overview of EMTALA's impact upon the whole Hospital. If you're dealing with on-call issues and/or having problems with your EMTALA or on-call policies, this is an audio conference you're not going to want to miss.

### Topics:

- When the patient becomes an EMTALA patient
- The roles of the ED physician and the on-call specialist
- The use of advanced practice professionals to respond to ED calls
- Prickly on-call issues
- Transferring and receiving patients
- EMTALA investigations and penalties

### Learning Objectives:

Upon completion of this audio conference, participants should be able to:

1. describe the general elements and requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA);
2. define EMTALA's on-call responsibilities on hospitals and on-call physicians; and
3. develop strategies and practical approaches to meeting EMTALA's on-call requirements.



**December 5, 2017**

**Policies on Confidentiality & Access to Peer Review Files**

**Nick Calabrese and Ian Donaldson**

Do you dread taking minutes at committee meetings because you take notes on everything that is said, and always end up with writer's cramp? Do you live in fear of picking up the phone, nervous that it might be Dr. Smith, demanding that he be allowed to see his entire credentials file, and that he'll be down in five minutes? Do you lie awake at night worried that, by giving the hospital-owned physician group information on Dr. Jones, you have blown through all the peer review protections? Join us for Policies on Confidentiality and Access to Peer Review Files where we try and put your worries to rest!

**Topics:**

- Committee minutes – are they your best friend or your worst enemy?
- Credentialing and peer review files – what goes in? What comes out?
- Access to confidential files
- Sharing of information within the health care system/Information-sharing agreements

**Learning Objectives:**

Upon completion of this audio conference, participants should be able to:

1. identify what does and does not belong in credentials and quality files, as well as who can and cannot access them;
2. recognize the challenges to confidentiality; and
3. examine the limitations of sharing information within a system and the safeguards you can use to manage those limitations.



# Grand Rounds 2017

**TO REGISTER:** (Please register by noon on the day of the audio conference.)

- FAX this completed form to the Seminar Department at 412-687-7692  
 PHONE 1-800-245-1205     ONLINE at [HORTYSPRINGER.COM](http://HORTYSPRINGER.COM)

Hospital \_\_\_\_\_

Street/City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Audio Conference	Audio Conference Participation	CD only	MP3 only
<i>December 13, 2016:</i> Bonus Session			
<i>January:</i> Credentialing			
<i>February:</i> Privileging			
<i>March:</i> Collegial Intervention			
<i>April:</i> Suspensions & Investigations			
<i>May:</i> Litigation			
<i>June</i> PPE Policy – Nuts and Bolts			
<i>July:</i> PPE Policy – Special Topics			
<i>August:</i> Professionalism Policy			
<i>September:</i> Practitioner Health			
<i>October:</i> Hot Topics: Vaccination, Marijuana & Opioids			
<i>November:</i> On-Call and EMTALA			
<i>December:</i> Confidentiality & Access			

## PAYMENT

\$250 per audio conference for one line; \$50 for each additional line (limited to two additional lines) (includes MP3)  
 or \$250 for MP3/CD only

**Register for the entire series: \$1,850**

Visa / # \_\_\_\_\_ Exp. date \_\_\_\_\_ Sec. code \_\_\_\_\_

MasterCard / # \_\_\_\_\_ Exp. date \_\_\_\_\_ Sec. code \_\_\_\_\_

American Express / # \_\_\_\_\_ Exp. date \_\_\_\_\_ Sec. code \_\_\_\_\_

Name on credit card \_\_\_\_\_

Check enclosed (Please make payable to HSM Enterprises, our sponsoring company.)

Please bill     P.O. # (not required) \_\_\_\_\_