



2018

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

- Offered the first Tuesday of every month of 2018 from 1:00 – 2:00 p.m. (Eastern Time)
- Just \$1,850 if you register for all 12 conferences (*includes bonus session*)
- All registrants receive the MP3 at no extra charge following the conference

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## January 9, 2018

### Something Smells Fishy Around Here...

**Linda Haddad and Phil Zarone**

Health issues can arise at any time in any population. As an organization of healers, medical staffs have a unique opportunity – and obligation – to create and implement a sensitive and effective way to address questions about their members' well-being that becomes an integral part of the organization's commitment to give every member the best chance to be successful.

**Topics:** Physician Wellness and Health

**Learning Objectives:**

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

1. Identify the need to be sensitive to signs of impairment and to intervene timely;
2. Develop a policy to guide the intervention and follow up; and
3. Create a health or wellness committee.

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## January 23, 2018 - *Bonus Session*

### Beyond the Headlines of Sexual Harassment

(see website for more details)

**Barbara Blackmond and Phil Zarone**

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## February 6, 2018

### Alone Again, Naturally

**Rachel Remaley and LeeAnne Mitchell**

An independent GI group parted ways with their youngest partner who has been the group's busiest member at the hospital. It wasn't a bloody breakup, but they do not wish to cover for him since he left the group. He is now independent, without reliable coverage, but still on the medical staff. Now what?

**Topics:** Coverage, Medical Staff Obligations and Options

**Learning Objectives:**

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

1. Identify legal and practical requirements related to coverage, for solo practitioners and others;
2. Recognize the contractual and antitrust issues implicit in fulfilling these obligations; and
3. Determine who might mediate this transition and identify what may be alternative resolutions.



## March 6, 2018

### Oh Where, Oh Where, Has the Medical Staff Gone?

**Linda Haddad and Katie Pakler**

The TJC survey did not go as smoothly as hoped. Two major deficiencies related to the ancient and awkward medical staff bylaws and the dearth of evidence that the MEC met or acted on a regular basis.

No one on the medical staff has any interest in the bylaws and even less interest in attending a meeting to amend them. The Medical Staff president said he calls meetings on an as-needed basis. There hasn't been a need in recent months. Now what?

**Topics:** Can This Medical Staff, Any Medical Staff, Be Saved?

**Learning Objectives:**

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

1. Identify the factors contributing to the malaise/apathy of the medical staff organization;
2. Address specific functions unique to the medical staff that are critical to a hospital's success;
3. Pursue projects and techniques created by other medical staffs to energize the medical staff and contribute to its effectiveness; and
4. Identify alternatives if the process fails.

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## April 3, 2018

### He Was Just Here...

**Susan Lapenta and Lauren Massucci**

In the anesthesiologist's visit with the patient just prior to administering the sedative, the patient confesses her anxiety about the procedure. "I wish the surgeon would be with me through the whole procedure" she confided. When asked what she meant, the patient explained that the surgeon mentioned this morning that others would be assisting him, but he would be present for the critical parts of her surgery, absent only briefly, as he was also doing a procedure in another room very nearby. Now what?

**Topics:** Concurrent and Overlapping Surgeries

**Learning Objectives:**

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

1. Identify the need to deliberate the pros and cons of this growing practice;
2. Realize who must define the critical parts of surgery and how that might be done; and
3. Learn the elements of informed consent and how they are especially applicable when the patient's selected surgeon may not participate in the entire procedure.



## May 1, 2018

### Hello, Goodbye, Oh No!

**Ian Donaldson and Nick Calabrese**

A relationship went bad. Both doctors are still full-time hospitalists. There is some concern that the still raw feelings are leaking into conversations with nurses and others with whom the doctors work regularly. Both doctors have been well-liked and respected, but no one wants to be in the middle of this. We have a chronic shortage of hospitalists. We need both of them. Now what?

**Topics:** Professionalism, Before and After

**Learning Objectives:**

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

1. Recognize the various issues that may arise when a relationship is going good, then other issues when it goes bad;
  2. Master the elements of a professionalism policy that addresses this situation; and
  3. Identify the tools that will help guide the participant through these circumstances.
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## June 5, 2018

### All Hands on Deck! All Hands...All...?

**Phil Zarone and Nick Calabrese**

A terrible bus accident in a neighboring town resulted in several seriously injured passengers requiring emergency care. The hospital in the neighboring town asks very little of its physicians in terms of on-call duties, so there were no surgeons available to care for the injured passengers. As a result, they were all transported to our ED. We have a great ED team and a couple physicians on call, but not enough to deal with the influx of patients. Calls to several physicians not on call resulted in three outright refusals to come in, one said call me back if you can't get someone else in an hour, and a fifth said he'd just had wine with dinner and didn't feel comfortable coming in.

**Topics:** When EMTALA Isn't Enough

**Learning Objectives:**

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

1. Learn the history and importance of on call responsibilities and why they developed from a service voluntarily assumed by physicians to a legal mandate;
2. Discern the obligations of physicians and hospitals regarding on-call and transfers; and
3. Learn options for dealing with other hospitals whose lax on-call requirements impose a burden on your medical staff.



**July 10, 2018**

**And We're Not Even Celebrities!**

**Rachel Remaley and LeeAnne Mitchell**

Offended by what she thought was inappropriate behavior in the hospital and annoyed the complaints to her supervisor yielded an indifferent response, our most conscientious APN snapped photos of one physician patting an employee on the backside and surprising another by coming up behind her and kissing her neck. The third photo showed a group of four employees, apparently on break, in what must have been the fifth or sixth hand of a strip poker game. Those and two other similar photos appeared on the APN's social media site under the caption "Healers at play." Now what?

**Topics:** Conduct in the Hospital Multiplied by Social Media Implications

**Learning Objectives:**

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

1. Describe the quid pro quo and hostile work environment forms of sexual harassment;
2. Identify best practices for managing/addressing consensual workplace relationships; and
3. Identify best practices for establishing social media policies for medical staff members and hospital staff – and understanding the limitations on restricting free speech by staff.

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**August 7, 2018**

**Duck, Duck, Goose!**

**Barbara Blackmond and Susan Lapenta**

The annual medical staff election is approaching. The current President agreed to extend his term twice, when no other candidates stepped up. He won't do it this year. APNs, who have always been respected for their care of patients, but only became members of the medical staff a couple years ago when the rules changed, nominated one of their own. Now what?

**Topics:** Attracting, Grooming Medical Staff Leaders; Who Can Serve?

**Learning Objectives:**

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

1. Provide a framework for leaders to identify and prepare future leaders;
2. Identify regulatory and accreditation requirements for medical staff functions; and
3. Offer some guidelines for mentoring and orientation.



**September 11, 2018**

**High Noon**

**Charles Chulack and Ian Donaldson**

Dilemma #1: A patient has a prescription for medical marijuana. He brings it to the hospital and a nurse finds it. Marijuana isn't on the hospital's formulary and the hospital policy prohibiting patients from bringing drugs from home has narrow exceptions that don't include medical marijuana. The patient has contacted a marijuana advocacy group which is pressuring the hospital to revise its policies and procedures related to medical marijuana. What now?

Dilemma #2: Our hospital tests all prospective employees for the use of illegal drugs after an offer of employment has been extended. The testing is done by human resources and applies to physicians who have been recruited by our hospital's affiliated group practice. One of the physicians who was recruited by the group practice tested positive for marijuana. We are located in a state in which both medicinal and recreational marijuana use and possession has recently been legalized. We do not have a policy addressing this situation. What do we do?

**Topics:** Effectively Dealing with Marijuana Legalization Dilemmas

**Learning Objectives:**

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

1. Distinguish the interaction of federal and state law with respect to marijuana;
2. Recognize the properties of marijuana, its proposed medicinal uses, and its classification (and the reasons for this classification) under federal law;
3. Develop skills to manage policy issues that arise because of the legalization of marijuana in certain states.

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**October 2, 2018**

**HIPAA Headaches or a Pain in the...**

**Phil Zarone and Charles Chulack**

A patient recently visited our ED with an unfortunate injury. While the injury was clinically intriguing, our ED staff appeared to be intrigued for other reasons. Several photos were taken of the injury by staff and some of these photos were posted to social media sites. The physician assigned to the patient called a couple of his physician friends who were in the hospital to come see the patient's injury. According to reports we received, the physician and friends had a good, hearty laugh at the patient's expense. We have a Health Insurance Portability and Accountability Act ("HIPAA") policy and all of our staff receive education on patient privacy at time of employment/appointment and periodically thereafter. How could this have happened? Now what?

**Topics:** HIPAA and Social Media

**Learning Objectives:**

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

1. Recognize the general privacy and security requirements of HIPAA;
2. Identify the HIPAA risks posed by social media;
3. Describe provisions related to social media that should be included in HIPAA policies; and
4. Identify how to respond to a HIPAA breach.



**November 6, 2018**

## **When Mama's Not Happy, Ain't Nobody Happy**

**Barbara Blackmond and Josh Hodges**

The move to a system wasn't easy, but it happened on paper. The medical staffs have not opted into unification, so the System CVO verifies qualifications and "complete" applications are sent to each Credentials Committee and MEC. One "clean" application for a hospitalist, employed as part of the exclusive service and practicing with temporary privileges, was "denied" by the MEC of one of the five hospitals. Now what?

**Topics:** System Discordance and Reconciliation

**Learning Objectives:**

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

1. Recognize the parameters of information sharing;
  2. Review applicable accreditation and regulatory requirements; and
  3. Develop guidelines for resolving potential inconsistent decisions.
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**December 4, 2018**

## **Do We Have to Let Them In?**

**Nick Calabrese and Craig Glasgow**

An OIG agent pays a call on the Compliance Officer. The agent hands her papers with the words "Civil Investigative Demand" on the front page. The CID asks for documents dealing with 55 separate topics, including all e-mails and text messages relating to the busiest orthopedic surgeon on the medical staff, who also happens to be an employee and a regular golf buddy of the CEO and Board Chair. It's days like this when you are glad you have your lawyers on speed dial. Now what?

**Topics:** Dealing with an Embarrassing, or Worse, Situation About to Be on Channel 4

**Learning Objectives:**

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

1. Recognize that a crisis involves both a "legal" and a public relations side;
2. Develop a plan to deal with both sides of the crisis – who to call, when and why; and
3. Identify when the legal and public relations aspects of a crisis overlap, and how to deal with it.



# Grand Rounds 2018

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

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Audio Conference	Audio Conference Participation	CD only	MP3 only
<i>January:</i> Something Smells Fishy...			
<i>January 23:</i> Bonus Session			
<i>February:</i> Alone Again, Naturally			
<i>March:</i> Oh Where, Oh Where, Has the Medical Staff Gone?			
<i>April:</i> He Was Just Here...			
<i>May:</i> Hello, Goodbye, Oh No!			
<i>June:</i> All Hands on Deck!			
<i>July:</i> And We're Not Even Celebrities!			
<i>August:</i> Duck, Duck, Goose!			
<i>September:</i> High Noon			
<i>October:</i> HIPAA Headaches or a Pain in the...			
<i>November:</i> When Mama's Not Happy, Ain't Nobody Happy			
<i>December:</i> Do We Have to Let Them In?			

## 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**

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