



2019

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 2019 from 1:00 – 2:00 p.m. (Eastern Time)
- Just \$1,850 (for one line) if you register for all 12 conferences
- 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 credit.

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## January 8, 2019

### Six New Year's Resolutions Every Medical Staff Needs to Make

**Linda Haddad and Nick Calabrese**

Get your Medical Staff off to a great start! Define your goals. Then, develop the Bylaws, policies, and customary practices that will be necessary for your success. Join us in January as we kick off the Grands Rounds audio conference series with *Six New Year's Resolutions Every Medical Staff Needs to Make*.

#### **Learning Objectives:**

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

1. Designate an appropriate group to identify and develop new leaders and prepare them for service;
2. Develop strategies for engaging the full Medical Staff more actively in the responsibilities of Medical Staff membership, to ensure better understanding and, in turn, better compliance;
3. Evaluate historical inaction on unprofessional conduct and commence a new culture of courtesy, professionalism, and cooperation;
4. Identify and advocate for policies that focus on providing reasonable support for impaired and disillusioned practitioners – emphasizing fast identification of health and wellness issues that may affect patient care and pursuit of recovery;
5. Create more meaningful ways for the organized leaders within a hospital to communicate and collaborate, in furtherance of a more fulfilling workplace and better patient safety; and
6. Identify opportunities to build greater efficiency into leadership activities, including:
  - (1) applying objective threshold eligibility criteria during the credentialing process,
  - (2) reacting methodically to misrepresentations and omissions in applications,
  - (3) running more efficient meetings, and
  - (4) utilizing volunteer physician time more effectively.

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## February 5, 2019

### Now That You're a System, What Happens to Your Medical Staffs?

**Barbara Blackmond and Susan Lapenta**

There are options available to achieve system goals – not all involve formal unification. This audio conference will review options, discuss common system objectives and the process to consider unification.

#### **Learning Objectives:**

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

1. Identify the applicable regulatory and accreditation requirements and standards;
2. Develop a plan to communicate options, invite input and aim for consensus; and
3. Create a step-by-step process to phase in systemwide and site-specific changes.



**March 5, 2019**

## **Medical Staff Documentation and Confidentiality**

**Ian Donaldson and Nick Calabrese**

It's Monday morning, raining, and the phone rings with Dr. Kiljoy on the line saying, in a booming voice, "I want to see my credentials file! My entire credentials file – including the references! I'll be over in five minutes. I'm going to sue Dr. Goodhart for defamation!" This is not the best way to start out the week, but after this Grand Rounds presentation, you'll be able to handle this phone call, and Dr. Kiljoy, with confidence. You'll also know how to draft minutes, what to put in credentials and peer review files, and what needs to be done to share information within a health care system.

### **Learning Objectives:**

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

1. Identify what does and does not belong in minutes, credentials files and quality files, as well as who can and cannot access it;
  2. Explain the challenges to confidentiality; and
  3. Recognize the limitations of sharing information within a system and the safeguards you can use to manage those limitations.
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**April 2, 2019**

## **Professionalism Policy – Key Elements**

**Phil Zarone and Lauren Massucci**

Courts, accrediting entities, and physician commentators have all recognized the link between professional behavior and patient safety. Physician leaders should develop policies that give them the tools to effectively and efficiently address unprofessional behavior before it affects patient safety.

### **Learning Objectives:**

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

1. Describe the benefits of using a Leadership Council to address behavioral concerns;
2. Develop a triage process that allows Medical Staff leaders to efficiently dispose of less significant behavioral concerns; and
3. Implement Performance Improvement Plans for Conduct taking into consideration the nature and severity of the unprofessional conduct.



**May 7, 2019**

## **Credentialing and Fraud and Abuse**

**Barbara Blackmond and Henry Casale**

Do the medical staff office and compliance operate as silos in your organization? That could be risky! Join us for a discussion of the best practices to minimize risks.

### **Learning Objectives:**

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

1. Identify fraud and abuse legal requirements applicable to credentialing;
  2. Develop policies and protocols for compliance, including communication between the medical staff office and other organization offices/functions; and
  3. Create a plan to address identified problems, involving the necessary participants.
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**June 4, 2019**

## **Q&A on Advanced Practice Clinicians**

**Barbara Blackmond and Joshua Hodges**

The role of advanced practice clinicians (“APCs”) in caring for patients in hospitals across the country is evolving at a rapid pace. Both medical staffs and hospitals have numerous questions due to this trend. During this audio conference, we will discuss some of the most common questions related to advanced practice clinicians and provide you with the answers to those questions.

### **Learning Objectives:**

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

1. Evaluate common threshold eligibility criteria for APCs and the differences between those used for physicians;
2. Outline the regulatory requirements for privileging APCs and how to assess what procedures APCs are competent to perform;
3. Explain how hospitals and medical staffs are categorizing APCs in the medical staff structure and the roles that APCs are playing; and
4. Create an awareness of the options for credentialing APCs and determine what works best for your hospital.



**July 2, 2019**

## **Aligning Your Employment and Credentialing Decisions**

**Susan Lapenta and Nick Calabrese**

Far too often, employment decisions are made, employment contracts are signed and signing bonuses are paid before the credentialing process starts. If significant concerns are identified during the credentialing process, there is no easy way out. Join us for a discussion of steps you can take to help align your employment and credentialing processes.

### **Learning Objectives:**

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

1. Identify common objectives for employment and credentialing decisions;
  2. Develop a plan to coordinate and align the employment and credentialing processes; and
  3. Identify the key elements of an information sharing resolution.
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**August 6, 2019**

## **What Goes Where? Bylaws, Policies, R&R, DoP Forms**

**Barbara Blackmond and Joshua Hodges**

Designing medical staff governance documents is an art, not a science. Drafters must endeavor to create documents that are not only reflective of the latest legal standards, but also supportive of the pursuit of excellence in patient care. Documents should be there to guide new medical staff leaders handling difficult situations, to afford them the best legal protections available, and to embody the culture and values of the medical staff.

In this audioconference, we will share with you our underlying “blueprint” for effective organization of medical staff documents. We’ll explain the roles and functions of documents such as bylaws, organization manuals, rules and regulations, delineation of privileges forms, and much more.

### **Learning Objectives:**

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

1. Analyze the distinctions between bylaws, rules and regulations, delineation of privilege forms, and other policies;
2. Identify (in broad and general terms) the topics that are most commonly addressed in medical staff bylaws; and
3. Reduce the risk of having document revisions derailed by an overly stringent amendment process.



**September 3, 2019**

## **Delegated Credentialing – Providers Taking the Lead in Insurer Credentialing**

**Charles Chulack and Joshua Hodges**

Time is Money...

The physician group practice affiliated with your hospital has been complaining about the inordinate amount of time it is taking to get its physicians enrolled as participating providers with health insurers. The group practice needs solutions and needs them fast. Every day the group's practicing physicians are not enrolled, they are not being reimbursed for the services they provide. What can we do?

### **Learning Objectives:**

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

1. Explain how credentialing for insurers is different from Medical Staff credentialing;
  2. Summarize what policies and procedures you will need to perform credentialing for insurers and how they differ from your Medical Staff policies;
  3. Describe the credentialing requirements for the Medicare and Medicaid programs;
  4. Create an awareness of the insurer accreditation entities and their standards; and
  5. Assess what should and shouldn't be in delegated credentialing agreements with insurers.
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**October 1, 2019**

## **EMTALA and On-Call Issues**

**Phil Zarone and Katie Pakler**

EMTALA has an important effect on Medical Staff affairs, from the Bylaws' description of Medical Staff categories to the process for addressing physicians who fail to fulfill their on-call obligations.

### **Learning Objectives:**

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

1. Describe the federal government's position on various on-call issues that affect the Medical Staff;
2. Describe the interaction between an On-Call Policy and Medical Staff Professionalism Policy; and
3. Describe an approach for addressing concerns about the inadequacy of a neighboring hospital's on-call schedule.



**November 5, 2019**

## **Practitioner Health Policy – Key Elements**

**Susan Lapenta and Phil Zarone**

We know that physicians suffer from impairment as much if not more than the general population. The question is not “if” you will have to address issues of practitioner impairment but “when.” Join us for a discussion of the key elements of a practitioner health policy and make sure you have the tools to address this difficult situation.

### **Learning Objectives:**

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

1. Identify steps to take to address health concerns that pose an immediate threat to patient safety;
  2. Outline key elements for a practitioner to return to practice after a health issue; and
  3. Develop a process to maintain confidentiality of sensitive health information while ensuring critical information is available for credentialing.
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**December 3, 2019**

## **Putting the “Organization” in Medical Staff**

**Barbara Blackmond and Ian Donaldson**

It is encouraging to learn how effective a Medical Staff can be when it is “designed” with intention instead of tradition. When form follows function, medical staff leaders rethink whether traditional departments are the most effective clinical units, whether an MEC of too many “representatives” is really a leadership body, and what is the optimal composition and meeting structure of the “intentional” medical staff.

### **Learning Objectives:**

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

1. Recognize that there is no magic to the traditional medical staff structure that you are currently working so hard to make relevant;
2. Describe critically important functions, such as designing care, identifying best practices, mentoring and developing care teams that can improve the organization and the practices of those it serves;
3. Show how leadership does not need to turn over regularly if the roles are more manageable and goals are achievable.



# Grand Rounds 2019

**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)

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Audio Conference	Audio Conference Participation	CD only	MP3 only
<i>January:</i> Six New Year's Resolutions Every Medical Staff Needs to Make			
<i>February:</i> Now That You're a System...			
<i>March:</i> Medical Staff Documentation and Confidentiality			
<i>April:</i> Professionalism Policy – Key Elements			
<i>May:</i> Credentialing and Fraud and Abuse			
<i>June:</i> Q&A on Advanced Practice Clinicians			
<i>July:</i> Aligning Your Employment and Credentialing Decisions			
<i>August:</i> What Goes Where? Bylaws, Policies, R&R, DoP Forms			
<i>September:</i> Delegated Credentialing			
<i>October:</i> EMTALA and On-Call Issues			
<i>November:</i> Practitioner Health Policy – Key Elements			
<i>December:</i> Putting the “Organization” in Medical Staff			

## 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** for one line; \$50 for each additional line (limited to two additional lines)

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