



# Howard Young Medical Center

## MINISTRY HEALTH CARE

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### Medical Staff Policy & Procedure

NUMBER: MS.1	Effective/Approval Date:
TITLE: MEDICAL STAFF MEMBERSHIP	Revision Date: 6/97; Annual Review 7/98; 10/99; 7/00; 3/01 (deleted MS.1.1); 1/02; Revised 8/03; 5/04; 5/05; 9/07; 2/08; 10/08, 8/09

### MEMBERSHIP

Membership on the medical staff of Howard Young Medical Center is a privilege which shall be extended only to those practitioners who continuously meet the qualifications, standards, and requirements set forth in the bylaws and policies. Appointment to and membership on the medical staff shall confer on the practitioner only such clinical privileges and prerogatives as have been granted by the Board of Directors in accordance with these bylaws and policies.

The Medical Staff shall consist of physicians (MD and DO), Dentists (DMD and DDS), or Podiatrists (DPM) who are licensed to practice in the State of Wisconsin who can document their background, experience, training and demonstrated current competence; their adherence to the ethics of their profession; their good reputation; their ability to work with others; and a capacity to practice effectively and efficiently within the institution.

- 1) All members of the Medical Staff shall pledge that they will not receive from or pay to another practitioner, either directly or indirectly, any part of a fee received for professional services.
- 2) Medical Staff members must certify biennially that their current health status does not in any way impair their ability to safely exercise the clinical privileges requested or to care for patients. A disability which can be reasonably accommodated shall not bar the granting of membership or clinical privileges. Medical Staff members must provide evidence of a tuberculin skin test (TST) and be assessed, by titer, for immunity to select vaccine preventable diseases as delineated in the Health Assessment Questionnaire.
- 3) The Board of Directors may precondition the exercising of clinical privileges based on the practitioner undergoing a health examination. A health examination may also be requested by the Medical Executive Committee at any time. Following appointment, Medical Staff members must provide evidence of a current tuberculin skin test (TST) annually.
- 4) Evidence of the member's current Wisconsin licensure, DEA registration (if applicable), and board certification must be maintained on file in the Medical Staff Office.
- 5) Medical Staff members must submit, annually\*, evidence of financial responsibility in at least the minimum amount required by Chapter 655 of the Wisconsin Statutes. This requirement may be satisfied by a certificate from an acceptable insurance company evidencing professional liability coverage. (\*If a member is a locum tenens practitioner and insured by a locum tenens agency, evidence of current liability coverage will be required prior to providing services.) Failure to maintain such required financial responsibility shall be grounds for suspension of a member's clinical privileges.

If, within ninety (90) days after written warning of the delinquency, the member does not provide evidence of required financial responsibility, membership shall voluntarily be terminated and their privileges relinquished.

- 6) As part of their appointment and reappointment to the Medical Staff, practitioners have a continuing obligation to comply with Federal and State laws and regulations applicable to the practice of their profession in a hospital setting.
- 7) No applicant who is currently barred from providing services in the Hospital under Chapter HFS 12 of the Wisconsin Administrative Code is eligible or qualified for Medical Staff membership.
- 8) No applicant who is currently excluded from any health care program funded in whole or in part of the federal government, including Medicare or Medicaid, is eligible or qualified for Medical Staff membership.

The foregoing qualifications will not be deemed exclusive and other qualifications and conditions deemed by the Hospital and the Medical Staff to be relevant may be considered in evaluating applications for membership or clinical privileges.

### **BASIC RESPONSIBILITIES AND OBLIGATIONS OF THE MEDICAL STAFF**

Each member of the Medical Staff as a condition of Medical Staff membership and the exercise of clinical privileges shall:

- A. Provide his or her patients with care at the generally recognized professional level of quality and efficiency.
- B. Abide by the Medical Staff Bylaws and by all other lawful standards, policies and rules of the Hospital.
- C. Discharge such Medical Staff, department, committee and Hospital functions for which he or she is responsible by appointment, election or otherwise.
- D. Participate in peer review and the proctoring program when requested.
- E. Prepare and complete in a timely fashion the medical and other required records for all patients he or she admits or in any way provides care to in the Hospital.
- F. Participate as a member of an organized health care arrangement in coordinating and supporting patient health information privacy and security practices as stated in the "Notice of Privacy Practices" and as required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- G. Promptly notify the Medical Staff Office of any of the following:
  - (1) Voluntary or involuntary revocation, limitation or suspension of his or her professional license or Drug Enforcement Administration registration, or the imposition of terms of probation or limitation of practice by any State;
  - (2) Voluntary or involuntary loss of staff membership or privileges at any Hospital or other healthcare institution;

- (3) Voluntary or involuntary cancellation of professional liability insurance coverage;
  - (4) The receipt of an initial sanction notice of proposed sanction or of the commencement of a formal investigation, or the filing of charges, by a Medicare peer review organization, the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or the State of Wisconsin; or
  - (5) The receipt of notice of the filing of any suit against the practitioner alleging professional liability in connection with the treatment of any patient.
  - (6) Any criminal charge or conviction and any findings that the member has been found to have abused or neglected a child or patient or has misappropriated a patient's property.
  - (7) Any proposed or actual exclusion from any federally funded health care program.
- H. Demonstrate ability to work with and relate to other Medical Staff members, members of other health disciplines, Hospital management and employees, the Board of Directors, visitors and the community in general, in a cooperative, professional manner that is essential for maintaining an environment appropriate to quality and efficient patient care.
- I. A Medical Staff member who is involved in the evaluation and improvement of the quality of patient care rendered at the Hospital, will be provided with, and have access to, very sensitive and confidential information regarding physician and other practitioner credentialing, quality assessment/performance improvement and peer review activities. It is vitally important to maintain all such information, and any and all discussions and deliberations regarding the same, in strict confidence. A Medical Staff member may not disclose confidential information outside of appropriate meetings, except in the following very limited circumstances:
- 1. when the disclosures are to another authorized physician on the Medical Staff or authorized employee of the Hospital and are for the purposes of conducting legitimate Medical Staff affairs (any such disclosures shall be made only in a private setting); or
  - 2. when the disclosures have been authorized, in writing, by the Hospital's President or the President of the Medical Staff.
- A confirmed malicious breach of disclosing confidential information may not only compromise the interest of the Medical Staff member, but also the interests of the Hospital and its Medical Staff. One of the following may result in the event of such a breach:
- 1. dismissal from committee assignment and/or Medical Staff leadership office;
  - 2. loss of available legal protections (including loss of indemnification for any litigation costs and expenses);
  - 3. disciplinary action as deemed appropriate by the Medical Executive Committee pursuant to the Medical Staff Corrective Action Policy, and/or
  - 4. other appropriate legal action.
- J. A Medical Staff member who is on our Active staff will be responsible for taking his or her fair share of emergency call in his or her specialty. Each practitioner will be available for emergency call a minimum of 1 of 3 days including 1 of 3 weekends and communicate coverage through a documented formal call schedule.

Specialties with more than three practitioners may take call on a rotating basis less than 1 of 3 days and 1 of 3 weekends.

Courtesy Medical Staff may be expected to participate in the on-call system at any time or times, if requested, based on their specialty and type of hospital utilization.

#### DURATION OF APPOINTMENT

##### A. Duration of Initial Appointments

All initial appointments shall be for a period extending to the applicant's birth month following the first twelve months of the initial appointment and shall not exceed two years.

##### B. Reappointments

Reappointments to the Active, Courtesy and Affiliated Medical Staff shall be for a period of not more than two (2) years.

#### MONITORING PERIOD

Locum tenens practitioners will be evaluated for future coverage assignments by the Medical Director (or his/her designee) of the department in which the locum tenens practitioner is providing coverage. The Credentials Committee and the Medical Executive Committee will review the evaluation during their next regularly scheduled meeting. If it is determined by the Medical Director (or his/her designee) that the member will no longer be scheduled for future assignments, the practitioner will be sent a letter notifying him/her that their services will no longer be required and their appointment will expire at the end of their initial term of appointment.

#### ADMINISTRATIVE AND MEDICO-ADMINISTRATIVE OFFICERS

A physician practitioner employed by the Hospital in a purely administrative capacity with no clinical duties or privileges is subject to the regular personnel policies of the Hospital and to the terms of his or her contract or other conditions of employment, and is encouraged to be a member of the Medical Staff.

A medico-administrative officer must be a member of the Medical Staff, achieving this status by the procedure provided in MS.4 - Section 1 of the Organization and Functions Manual.

His or her clinical privileges must be delineated in accordance with MS. 4 - Section 2 of the Organization and Functions Manual. The Medical Staff membership and clinical privileges of any medico-administrative officer shall be contingent on his or her continued occupation at that position, unless otherwise provided in an employment agreement, contract or other arrangement.