

Introduction to Medical Staff Services

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If you have chosen medical staff services as your career path, you have chosen a challenging, exciting, sometimes frustrating, but ultimately very satisfying career. Many of the veteran medical staff services professionals (MSSPs) are passionate about what they do, and they can't imagine working in any other field. Although most days in a medical staff services department are a whirlwind of meetings, telephone calls, conferring with physicians, and many interruptions, the work is consummately interesting, challenging, and fulfilling. Working with a group of highly educated individuals who always strive for perfection and admire competence (physicians) is gratifying.

■ The National Association Medical Staff Services

The medical staff services profession has evolved over the past 40 years from a strictly clerical position to one that requires a specific knowledge base. This evolution has been greatly assisted by the professional association, National Association Medical Staff Services (NAMSS). Charlotte Cochrane and Joan Covell Carpenter of California established a medical staff services association in southern California in 1971, which evolved into a national organization in 1976. NAMSS offers education and many other resources to its members. Affiliated organizations can be found in all states, and many local chapters exist throughout the country. Information about NAMSS and membership can be found at www.namss.org.

■ Certification Programs

Recognizing that specific knowledge was required to perform the medical staff services and credentialing functions effectively, NAMSS developed a certification program within the first five years of its existence as a national organization. The Certified Medical Staff Coordinator (CMSC) examination was established by a committee led by Cindy Gassiot and was first offered in 1981. It has since evolved into today's Certified Professional Medical Services Management (CPMSM)

credential. The CPMSM exam focuses on the management functions in a medical staff services or provider credentialing organization. In 1995, a second certification program was developed by NAMSS for those who specialize in practitioner credentialing, including the managed care arena, known as the Certified Provider Credentialing Specialist (CPCS) examination. The CPCS exam focuses on the functions of provider credentialing. At the time of this writing, in the United States there are currently 1767 CPMSMs, 2557 CPCSs, and 903 individuals who hold dual certification, for a total of 4324 certified persons.

■ Formal Education Programs

Formal education programs in medical staff services have also evolved over the years. The first program was established in Orange County, California, at Cypress College in the mid-1980s, and currently offers an associate degree in medical staff services science. The program consists of 60 semester units and is part of the college's health information technology program. Courses cover medical staff services science, medical quality management, healthcare law, information technology, medical terminology, anatomy and physiology, and supervision and management, among others.

Beginning in 2000, El Centro College in Dallas, Texas, began offering the first distance education associate degree program. An associate of applied science in medical staff services degree is offered with most of the courses presented online. The 64-credit-hour curriculum includes general education courses as well as courses that address credentialing, privileging, healthcare accreditation, organization of the medical staff services department, medical staff law, performance improvement, medical terminology, anatomy and physiology, pathophysiology, and supervisory management courses, among others. During the final semester, students serve an internship in a medical staff services department.

In 2006, the National American University started an online degree program in medical staff services management. The associate of applied science degree focuses on medical staff services administration, accreditation and regulatory compliance, management of credentialing processes, privileging, risk management, medical staff law, medical terminology, peer review, and information management.

NAMSS also offers noncredit online courses on various medical staff services and credentialing topics.

■ The Medical Staff Services Professional

The evolution of the medical staff services profession can be traced back to the development of the medical staff organization. As hospitals began to be held liable for the negligent acts of their medical staff members, and as accrediting organiza-

tions strengthened their standards for verifying physician credentials and peer review activities, hospitals began to take a hard look at support for the organized medical staff. In the 1970s, the titles of veteran medical staff secretaries changed to *medical staff coordinators*. Hospital leaders relied more and more on the coordinator to provide guidance and administrative support for regulatory and accreditation requirements for the medical staff organization. Over the years the position expanded and experience gained by the medical staff coordinator was amplified by more formal education provided both by NAMSS and college degree programs. Currently, leaders in the medical staff services department (MSSD) hold titles such as manager, director, and even vice president.

Today, the MSSP plays a vital role in the various healthcare delivery systems. Whether in a hospital, ambulatory care center, credentials verification organization, or managed care setting, the MSSP brings a range of knowledge and skills essential for each type of organization. This chapter focuses on the role of the MSSP and MSSD in the hospital setting.

The MSSP provides coordination for the day-to-day activities of the organized medical (professional) staff. Whether in a multifacility organization, an integrated healthcare delivery system, or a small rural hospital, the MSSP acts as the link between the medical staff, the administration, and the board. This link is facilitated by the access the MSSP has to both the medical staff and the members of the administrative team.

In most cases, the MSSP will be one of the first contacts a physician has with the organization. Through the initial credentials verification process and orientation to the organization, the MSSP and MSSD establish a unique relationship with the practitioner. Medical staff members look to the department for interpretation of bylaws, information on hospital policies and procedures, advice on maneuvering through the sometimes complex administrative structures, and support for the activities of the organized medical staff.

The MSSP also provides a unique service to the hospital administration. Due to the relationships that develop between the department staff members and physicians, MSSPs are sometimes first to know of an underlying issue within the medical staff organization. The issues can be as minor as changes in the physician parking lot or as major as a controversy over new hospital ventures. This information can then be transmitted to the appropriate administrative staff member for attention or resolution.

The MSSP's role is one that engenders trust—from both the medical staff and the hospital administration. Medical staff members need to trust that the MSSP and MSSD maintain confidential information, provide accurate and timely information, and respect the confidences of the physicians. The administration needs to trust that the MSSP and the MSSD will maintain accurate records, follow established procedures and practices in all activities, maintain activities that meet accreditation standards, alert the administration when accreditation standards are out of compliance,

and apprise the administration of major issues within the medical staff organization.

Knowledge

To be effective, the MSSP must have a wide breadth of knowledge and the ability to apply that knowledge in several key areas. The U.S. healthcare delivery system is extremely complex. Emphasis on health care in both the political and legal arenas results in an ever-changing system. Both the medical staff and the hospital must deal with the complexity of the various payment systems daily. The MSSP should understand the various components of the delivery system, including how they operate in an integrated fashion. An understanding of the legal system and how the law shapes the delivery system is helpful. There is also a need to understand how the political system impacts the healthcare environment. Healthcare reform has been a hot political topic since the early 1990s, when the Clinton administration first broached the subject.¹ As of this writing, the U.S. government, under the leadership of the Obama administration, is again embroiled in a debate on the need to overhaul the healthcare delivery system. Past attempts at government healthcare reform have resulted in the healthcare industry and private sector reacting and responding to the governmental proposals.

Past issues affecting health care included the implementation of the regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the creation of the Health Care Integrity and Protection Data Bank to provide a resource to organizations to help fight healthcare fraud and abuse. More recently, sweeping Medicare reform and Centers for Medicare and Medicaid Services (CMS) compliance guidances have had profound effects on hospital operations. There has been increased Office of Inspector General enforcement within the healthcare industry regarding compliance with such laws as the Emergency Medical Treatment and Active Labor Act (EMTALA), the False Claims Act, and all other aspects of federally funded healthcare programs. Successful MSSPs pay attention to current political agendas that have the potential to affect health care.

Healthcare Financing

An appreciation of the financial components of the healthcare system is required of all MSSPs. At a minimum, a basic understanding of utilization management is essential. The MSSP should be familiar with basic terms used in managed care. The difference between a health maintenance organization, preferred provider organization, or independent practice association should be understood.

In addition, the role of the CMS should be appreciated. In recent years, there has been an increased scrutiny of hospital reimbursement and quality-of-care concerns by CMS. The CMS Quality Improvement Roadmap has as one of its five strategies to pay for health care “in a way that expresses our com-

mitment to supporting providers and practitioners for doing the right thing—improving quality and avoiding unnecessary costs—rather than directing more resources to less effective care.”² This practice, which is referred to as “pay for performance,” has clear import for both hospitals and physicians. In the past, hospitals and physicians have experienced difficulty in getting reimbursed for improving quality and reducing costs because resources have been directed toward providing more care. In 2009, however, CMS adopted a process for denying payment of any patient care services related to a preventable medical error. These events, which include things such as wrong-site surgery, are referred to as “never events.” Medical staff services professionals should be aware of the CMS program.

Likewise, the MSSP must be familiar with the various reimbursement systems, with a special focus on how the physician is affected by their rules. One of the many criteria that may be used during the reappraisal and reappointment period is utilization information. Efficiency of physician practice is becoming increasingly more important to hospitals. The MSSP must assure that appropriate information is provided while maintaining a balance between clinical and economic criteria for reappointment.

Medical Staff Organization

The MSSP also needs to understand the basic concepts of medical staff organization—for example, whether the medical staff organization accomplishes its functions in a departmentalized or nondepartmentalized structure. The medical staff organizational structure is defined in the organization’s bylaws or other governance documents.

Accreditation Knowledge

Perhaps the most important aspect of the knowledge that an MSSP brings to the hospital is that of accreditation standards. As mentioned in Chapter 2, there are many accrediting agencies with which the MSSP should be familiar, including the Joint Commission, National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), Centers for Medicare and Medicaid Services (CMS), and Commission on Accreditation of Rehabilitation Facilities (CARF). Additional accrediting bodies include the American College of Surgeons’ Commission on Cancer and Committee on Trauma certification programs, the Food and Drug Administration’s (FDA’s) institutional review boards, and continuing medical education (see Chapter 12). The MSSP must maintain current knowledge of the accreditation standards applicable to his or her facility.

Understanding the standards is not enough, however. The MSSP must also be able to interpret the standards and implement systems to comply with them. For example, the MSSP may need to assist the medical staff in policy development or expansion of their quality improvement process as the standards change. The MSSP

must be familiar with *all* of the Joint Commission's standards—not just the section containing medical staff standards. Currently, many standards that affect the medical staff are noted throughout the Joint Commission's manual. In larger facilities, the Joint Commission network standards or the ambulatory care standards may also apply, and the MSSP needs to have a working knowledge of those standards as well.

The Law

Knowledge and understanding of state and federal laws related to licensure and peer review is required for all MSSPs. Because the MSSP may serve as a resource for physicians applying for a state medical license, he or she must understand the requirements for licensure. The MSSP should also know the differences between the various medical training programs—for example, is an MD equivalent to a DO?

In addition to laws and statutes that regulate the practice of medicine, the MSSP must be aware of state laws that have an effect on the medical staff or hospital. Examples of such laws would be those related to organ donation or use of advance directives.

The MSSP also needs to have knowledge of medical staff laws, particularly those relating to medical staff issues such as credentialing, privilege restriction, medical staff membership, restraint of trade, and peer review. Knowledge of the various laws and legal precedents will help the MSSP understand what has to be done and why. The MSSP can then communicate information about the legal implications of peer review to the medical staff. Although the MSSP is not a substitute for legal counsel, he or she can be instrumental in advising the staff when legal counsel should be sought.

The Credentials Process

The MSSP must have a complete understanding of the credentialing process—from initial appointment to privilege delineation to focused and ongoing monitoring to reappointment. This knowledge must encompass not just what to do, but why it is important, and how to establish systems for assuring that the processes are carried out efficiently and correctly.

Technology

The MSSP must have an understanding of current technology. It is up to the MSSP to determine which information is available through computerized or electronic sources. The MSSP must also determine which of the many electronic sources is the most accurate and reliable for the purpose of primary source verification in the credentials process. The acceptable sources should be documented in MSSD policies and procedures. In addition to understanding which sources are available through the Internet or other electronic media, the MSSP must have a good understanding of computers and databases. This professional may find himself or herself in the position to evaluate and select credentialing software, for example. The MSSP must

be able to identify the desired features of the software, evaluate and compare products, and then select the product that best meets the needs and the budget of the organization.

The MSSP must also be able to adapt processes and the work flow to maximize efficiencies found through automation. For example, using a software program to send notices to the medical staff members' e-mail addresses or office fax machine can save the MSSD countless person-hours that would otherwise be spent copying, stuffing envelopes, and mailing the same notice. Through this use of technology, staff efficiency would increase while supply costs would decrease.

The technology related to electronic content management has improved significantly in recent years and is widely available. The MSSP must be aware of this type of technology. Using electronic content management systems will facilitate the medical staff services department in limiting or eliminating paper-driven processes. With this kind of system, important documents such as bylaws, policies, procedures, and forms may be scanned and stored electronically. The electronic content management can save costs related to paper, supplies, and storage. Using electronic content management with companion electronic work flows can reduce process time and increase staff efficiencies. The initial investment is well worth the efficiencies gained by adopting this technology.

Information Management

As accreditation organizations such as the Joint Commission and professional certification boards under the auspices of the American Board of Medical Specialties strive to implement processes that focus on competency assessment and evidence-based privilege delineation, the role of the MSSP has evolved to one that includes information management. The MSSP of today must be able to understand how medical staff data interfaces with other databases. He or she must also be aware of the types of databases that exist in the hospital or ambulatory setting and the information contained in each. Such databases may include those holding billing information, clinical informatics (electronic health records), and performance improvement/quality outcome data. The information that comes from the various databases is important for competency management and privileging decisions.

The MSSP serves as a resource to the medical staff in the development of reports that reflect practitioner-specific data. Such practitioner-specific data should focus on providing evidence of competency in clinical care to the medical staff leaders charged with making privileging decisions.

Ethical Issues

Understanding ethical issues surrounding medical staff activities is another important part of the body of knowledge an MSSP brings to the job. Professional ethics, such as codes of ethics related to maintaining professional relationships and confidentiality, must be practiced by the MSSP. The MSSD may be instrumental in

assisting the medical staff in establishing an ethics committee. For this reason, the MSSP must understand medical ethics such as patients' rights and responsibilities as well as requests for treatment withdrawal.

Quality and Resource Management

The MSSP should understand the basics of utilization management, quality improvement, risk management, and continuous quality improvement. This understanding can be obtained by working collaboratively with the hospital departments devoted to quality, risk, and utilization management. MSSPs should take advantage of continuing education programs on these topics. Another way to obtain information on these subjects is to keep abreast of current literature. As previously noted, the MSSP should be knowledgeable in database management, which is a key aspect of these disciplines.

Management

The MSSP must be a competent manager. Regardless of the size of the facility or the medical staff organization, the MSSP acts as a manager for many functions and may also manage staff. Knowledge of basic management theory and the ability to apply management skills are essential to the MSSP who wants to advance in the profession.

The MSSP must be involved in planning. Planning focuses on what needs to happen, how it should happen, and which resources are required to make something happen. The annual budgeting process is a good example of planning. A successful MSSP also conducts future planning. What will the department look like in 5 years? In 10 years? This future thinking gives the MSSP the opportunity to incorporate long-range plans in the budgeting process.

Finally, the MSSP needs to be versed in strategy management. Each organization has an overall strategy developed by its leadership, which defines the mission, vision, and goals that need to be accomplished to turn the vision into reality. The MSSP must be aware of the organization's strategy so that any planning and future thinking will support the overall goals of the organization.

Understanding Processes

Many functions are the responsibility of the MSSD. The MSSP must understand and be able to break down a process into distinct tasks and develop procedures for the staff to follow. This type of "assembly-line thinking" is a critical skill for the MSSP who is serving at the coordinator or director level. Multiple staff members must perform a specific function in a consistent manner. In developing systems that are efficient and effective, the MSSP must embrace the available technology and remain open to automating processes. A basic principle underlying continuous quality improvement is the need to understand causes of variation in a process. Embracing technology and automating processes, along with having clearly defined

procedures to follow, helps to reduce the variation. Understanding a process makes it easier to develop the necessary procedures.

Budgeting and Finance

The MSSP working in a single-person office or in the role of supervisor or director must have a basic understanding of the budgeting process as well as financial management. He or she must be able to calculate staffing needs and forecast expenses for the department. Most medical staff departments do not produce revenue (an exception might be application fees and/or medical staff dues that are deposited into the organization's general funds). Therefore, the MSSP needs to manage resources prudently. During the fiscal year, this professional must be able to review monthly financial reports to determine any areas that are out of line with the budget. The MSSP should develop strategies for managing the department's resources, such as having the hospital library purchase key journals rather than purchasing them with department funds. Other strategies might include placing controls on ordering office supplies, sharing high-cost resources (such as fax machines) with other departments, or providing staff with the opportunity to participate in continuing education through audio conferences or webinars rather than incurring higher-cost travel to seminars.

Medical Terminology

MSSPs use knowledge of medical terminology in many ways—most specifically in developing systems for the delineation of clinical privileges. Additionally, a good understanding of basic terminology is required for those in the department who support specific committees. Although the MSSP may never be asked to identify the root of a specific medical term, knowledge and correct use of medical terminology enable the professional to communicate more effectively with the medical staff.

Skills

In addition to the requisite knowledge outlined previously, the MSSP must possess the work skills that will enable him or her to run an efficient MSSD. He or she must establish policies and procedures; define processes for work completion; write job descriptions; interview, hire, discipline, and terminate staff; facilitate meetings; manage multiple projects; and implement quality control mechanisms.

Supervision of Staff

The MSSP must be able to perform all the functions and skills necessary to recruit, train, and maintain staff. Whether the department is a small one with one MSSP and a volunteer, or a large one with a director and ten support staff, personnel management is a necessary skill for this position. The MSSP must be able to create

criteria-based job descriptions and conduct interviews that gather information to assess how well the candidate meets the criteria for the position.

Once a hire is made, the MSSP must be able to orient the new person to the department. This departmental orientation complements the organization orientation offered to all staff. Topics covered during a departmental orientation may include the hours of operation, the manner in which breaks and lunch are handled, the process for requesting time off, review of policies and procedures, fire drills, and so on. The department orientation should also include a review of the tasks the new employee will be performing. Along with the review of tasks, the new employee should be informed of any intradepartmental standards for the task. For example, the employee responsible for responding to requests for applications needs to know that the departmental standard is that application forms must be mailed within 48 hours of the request.

Establishing Staff Competency Requirements

For each task that must be carried out, the MSSD director needs to identify the steps and the skill or competency required to complete the task. Once the tasks and competencies are identified, the various tasks can be assigned to specific individuals who possess the required skills. Alternatively, job descriptions can be created that require varying degrees of skills based on the tasks assigned to that particular position within the MSSD. A sample skills (competency) list and a competency checklist for a department that operates on a more electronic basis are included on the CD that accompanies this book.

EXHIBIT 1-1 provides an example of a self-assessment skill checklist that can be used by a director of the MSSD to identify areas of strengths or weaknesses. This example is based on responsibilities and tasks of someone at the manager or director level. Similar self-assessment checklists can be developed for other categories of staff. The self-assessment checklist can be useful in the process of evaluating the performance of staff by having the employee conduct a self-assessment, followed by the evaluation of the employee by the manager. This type of process leads to an open discussion about the differences in perception of strengths and weaknesses between the manager and the employee. It provides a good foundation for the development of continuing education plans and career development action plans.

Evaluation of Staff

Periodic evaluations of staff performance must also be conducted. For new employees, most organizations require an evaluation at the end of the probationary period. Annual performance evaluations must be conducted as well.

It is important to be objective and to evaluate each staff member on how he or she meets the performance criteria or competencies defined in the position description. A critical aspect of performance evaluation is to make sure that the employee is aware of the performance and behavioral expectations required on which he or

Exhibit 1-1 Sample Skills Assessment Checklist

Director—Medical Staff Services Department

Instructions: For each identified skill or task, indicate your level of knowledge/skill with the task.

Skill/Task	Do routinely	Have done	Know how to do	Somewhat familiar	No knowledge
Accreditation Knowledge Know standards (e.g., Joint Commission, NCQA) Operationalize standards Prepare for survey Participate in survey Develop action plans					
Computer Literacy/Use of Technology Basic word processing Database management Evaluate and select software Write reports from software Make recommendations for redesign of processes based on available technology					
Credentials Process Establish process/procedures for staff to follow Write policies and procedures Conduct primary source verification Prepare files Develop and implement quality control system Develop and maintain system for monitoring expiring credentials Develop and maintain system for reappointment					
Budget and Finance Develop operating budget Develop capital budget Annualize expenses Analyze accounting reports Monitor budget and adjust operations as needed					

Exhibit 1-1 Sample Skills Assessment Checklist (continued)

Skill/Task	Do routinely	Have done	Know how to do	Somewhat familiar	No knowledge
Human Resources Write job descriptions Interview candidates Hire staff Conduct staff training Conduct performance evaluations Perform counseling/coaching Orient staff Terminate staff Delegate tasks/assignments					
Office Systems Organizational skills Establish filing systems Establish work flow Manage projects Develop project plans Maintain staff schedules					
Medical Staff Services Prepare draft bylaws language Prepare draft policies/rules Research issues for medical staff Meeting preparation (agenda, notice) Meeting facilitation Document minutes of meetings Understand peer review process Facilitate medical staff in peer review process					

Action Plans/Learning Needs:

she will be evaluated. This information should be provided to the employee at the time of hire for new staff or periodically throughout the year for existing staff. The MSSP in the management role must be sure to document any counseling session or other interaction taken to improve performance. A strong knowledge and understanding of the organization's human resources policies is necessary for any MSSP in a supervisory position.

Organization

Good organizational skills are required, as the MSSP must maintain important records of the activities of the organized medical staff. Filing systems (whether paper or electronic), credentials files, meeting minutes, and other activities must be readily accessible and maintained in an orderly manner. In larger offices where numerous staff may perform the work, the director must be able to establish processes for assuring that records are maintained appropriately and that each staff member follows the same process. In an MSSD with more than one staff member, the department director or supervisor must not only manage his or her own work, but must also oversee the work of subordinates. This task is made easier if the office is well organized and driven by clearly defined and articulated policies and procedures.

Time Management

The MSSP must be able to manage multiple projects at the same time, which means that good time-management skills are essential. The MSSP will discover that a great deal of work performed is project related. Whether the task at hand involves a rewrite of medical staff bylaws, the implementation of an electronic content management system, or the upgrade of a software program, the use of basic project management techniques will be helpful. Knowledge of the use of project management tools such as Gantt charts, flow diagrams, timelines, or other computerized project management programs is a bonus.

Attention to Detail

Attention to detail will allow the MSSP and the MSSD to fulfill the requirements for medical staff documentation and credentials verification, to name just a few responsibilities. Challenges to the medical staff peer review process, credentialing decisions, or bylaw interpretations can be addressed more easily if the MSSP has maintained detailed, organized documentation that supports the medical staff's actions.

Work Independently

Although clear-cut reporting hierarchies exist within the hospital setting, the MSSP must be able to perform required functions independently. Professionals at the coordinator and director levels must use their own judgment in prioritizing work, delegating tasks, managing projects, and setting their own deadlines. The chief of

staff, vice president of medical affairs, or hospital administrator needs to have confidence that the MSSP can perform the job with minimal direction or supervision. The typical MSSP is faced with daily challenges to meet deadlines. It is not unusual to experience interruptions throughout the day or to have sudden shifts in priorities. The MSSP must be able to adapt to changing priorities, reestablish deadlines, and get the work done!

Judgment

The knowledge of when to ask for feedback or direction from a supervisor is a skill that will develop over time as the MSSP and his or her supervisor become more comfortable with each other's style. The MSSP must also use judgment in relaying information to hospital administration that becomes available to him or her through interaction with the medical staff. Is the information vital to the chief executive officer? Will it keep members of the administration from being caught unaware in a meeting? Does the administration need the information to better prepare for new programs or services, or to respond to issues raised by the medical staff?

The preceding discussion is not meant to imply that the MSSP's goal is to gather intelligence for the hospital. Rather, it is intended to emphasize the key role played by the MSSP and the MSSD in facilitating open, effective communication between the medical staff and the hospital administration. The hospital and medical staff should be working toward a common goal—providing excellent patient care. The MSSP plays a large role in facilitating the medical staff's achievement of that goal.

Maintaining Confidentiality

During the performance of their duties, MSSPs have access to sensitive information that must be maintained in confidence. Types of information received may include physician-specific professional liability claims histories, details of previous disciplinary actions, physician health issues, or license sanctions imposed on physicians. Other sensitive information is received from the quality department related to the clinical work of the physician, including peer review actions. Trended data on patient care outcomes such as mortality rates, infection rates, or surgical complication rates are also available. The utilization management department may provide information to the department regarding resource utilization and practice efficiency of individual physicians. All of these data elements are necessary in the preparation of the reappointment profile for each staff member.

The MSSP must assure that the confidentiality of all of this information is maintained. Care must be taken to store such information in secure, locked areas. Access to information held on computerized systems should be limited, with the restrictions being enforced by password protection. Policies should be in place that define who has access to such information. In addition, the MSSP must always refrain from discussing sensitive information with staff members who are not otherwise privy to that information.

Communication Skills

One of the most important skills required of the MSSP is the ability to communicate effectively. Whether in written or oral formats, clear, concise communication is necessary in this role. The MSSP must be able to communicate to a variety of audiences as well. These audiences may include physicians, board members, representatives from accrediting agencies, and peers within the hospital, to name a few. The MSSP must be able to interpret standards, governing body directives, policies, and so on, and communicate them effectively to the medical staff.

Delegation

MSSPs—and especially those working in a leadership capacity in a department with more than one staff member—must be able to delegate effectively. Delegation does not simply mean giving the job or task to another person to perform. Rather, it includes providing clear, concise instructions to follow, establishing timelines, and determining the frequency of progress reports that are needed. For some staff members, the MSSP may simply delegate the function and request a report when the work is done. For others, the MSSP may need to provide directions and request status reports at various steps in the project. The MSSP who is filling the coordinator or director role must be able to evaluate the work style of his or her employees to determine the delegation style that will be most effective for each person.

Interpersonal Skills

In all hospitals, the medical staff make up a highly diverse population, encompassing many types of personalities and often many cultures. As a consequence, the MSSP must be able to work effectively with many different kinds of people. The ability to work professionally with administrators and physicians is a must. To be most effective, the MSSP must be able to maintain emotional balance even in the most stressful situations. Relationships should be kept on a professional level. The MSSP must be able to facilitate discussions between physicians and administrators (without their being aware of the intervention). He or she must also be able to give feedback as well as receive it. For the MSSP who serves as a supervisor of staff, the ability to provide positive or negative feedback to employees is an essential skill.

Computer Literacy

Good computer skills are essential for the MSSP. In today's work environment, the use of word processing software, databases, and spreadsheets as management tools is critical for anyone in a supervisory level. The ability to use statistical analysis tools is also required—particularly as they relate to interpreting quality outcomes during the reappointment process. For all these reasons, the MSSP should keep abreast of industry trends related to use of electronic media. For example, many facilities use electronic mail (e-mail) for internal communication. Which types

of safeguards for confidential information should be in place in this circumstance? The MSSP should play a key role in the development of guidelines for electronic transmittal of confidential, medical staff peer review information.

Knowledge of information systems is valuable when working to automate the data collection required for physician profiling. Hospitals typically have more than one computer system. For example, there may be a billing system, a registration system, and an electronic patient charting system. The ability to identify which data elements are necessary for profiling and where they reside in the many hospital computer systems is important. The MSSP with information systems knowledge can work with the appropriate information systems staff to link the databases and generate physician profiles.

Having a working knowledge of the hospital financial system will assist the MSSP in determining the efficiency of a physician's practice. Efficiency data are one criterion that should be taken into consideration at the time of reappointment in addition to quality and peer review data.

Job Titles

The MSSD within a hospital will have a designated leader or supervisor. This person could have the title of Director, Medical Staff Services; Administrative Director, Medical Staff Services; or Coordinator, Medical Staff Services. The title should clearly identify the administrative responsibility of the role. Sample job descriptions are included on the CD that accompanies this book.

Depending on the size of the organization, the MSSD may include one or more staff members who function at different levels of responsibility.

Medical Staff Services Clerk

An employee at the clerk level performs basic tasks that may or may not require previous experience in the medical staff services field. For example, a clerk may be utilized to update a computer database or to scan or file licenses and other documents in credentials files or credentials software system as they are received. The skills necessary for the clerk include organization, the ability to follow directions, understanding filing systems, and knowledge of computer systems.

Medical Staff Secretary

A staff member functioning at the medical staff secretary level should have the same skills as those of the clerk. In addition, the medical staff secretary should have a basic understanding of committee support functions such as agenda planning, taking minutes, preparing minutes, and completing follow-up after the meeting is concluded. The medical staff secretary should have effective interpersonal and communication skills, as this level of staff has many more opportunities for interaction with physicians and other hospital staff.

Medical Staff Assistant

The medical staff assistant needs to have the skill sets of both the medical staff secretary and the clerk. In a small- to medium-sized facility, this position may perform all the required functions in a one-person office. The assistant then should have knowledge of the credentials process, accreditation standards and compliance, and medical staff laws. In a larger facility, the medical staff assistant may have job functions that deal primarily with committee support and medical staff liaison activities such as orientation.

Credentials Specialist

In a large MSSD, the duties and responsibilities might be assigned according to functions. For example, one staff member might manage meetings, while another might be assigned to accomplish the credentials verification process. The credentials specialist is responsible for following established procedures for verifying physicians' credentials and preparing the application for review by the appropriate clinical department chairmen and committees. A person in the credentials specialist role should have a basic knowledge of the credentials process, including the rationale for performing verification, sources for verification, and medical staff law as it pertains to credentialing. Professional certification, such as possession of the Certified Professional Medical Staff Management (CPMSM) or Certified Professional Credentialing Specialist (CPCS) credential, may be required for this position. As mentioned earlier in this chapter, such certifications are available through the NAMSS.

The credentials specialist should have the ability to work independently, while following set procedures. Many challenges faced by the medical staff are those that result from credentialing decisions. The credentials specialist must assure that the procedures are followed meticulously and consistently for each applicant. He or she must have strong documentation skills and be organized. Depending on the size of the organization, the credentials specialist may also provide support to the credentials committee. Consequently, he or she should understand the hospital policies, procedures, and bylaws as they relate to credentialing procedures. The specialist also needs to understand relevant state law. In this role, the credentials specialist is in a position to guide the credentials committee and department chair in decisions related to credentials verification.

Medical Staff Coordinator

In many medium-sized hospitals, the title assigned to the MSSP is Medical Staff Coordinator. The coordinator has responsibility for "coordinating" the activities of the organized staff. These activities may include all aspects of the services provided by the department, including accreditation compliance, credentials verification, medical staff committee support, policy and procedure, and bylaws development. If the MSSD consists of more than one staff member, the coordinator may be

responsible for interviewing and hiring employees, initiating disciplinary actions, conducting evaluations, and coaching staff. In addition, the coordinator prepares the budget, writes departmental policies and procedures, and manages the day-to-day activities of the department.

Director, Medical Staff Services

The director of medical staff services is typically the head of a large, multiperson department. He or she is responsible for hiring, coaching, disciplining, and terminating employees. The director must provide orientation and training to enable staff to perform the functions to which they are assigned. He or she must also be financially astute, because developing budgets and maintaining fiscal accountability are major roles for the department director. The director must understand the processes involved in performing the department's work. These processes must then be translated into procedures to be followed by all staff. The director, working with the facility's human resources department, writes job descriptions and performs evaluations of the work done by subordinates. In addition, he or she establishes work standards and quality controls.

Database Manager

A growing trend in MSSDs is to have a dedicated database manager. This individual has a large body of knowledge related to computer software and system interoperability. The database manager would typically function as system administrator for the medical staff database. In addition, he or she would work with other departments to link data systems and generate reports for use by the medical staff in competency assessment and clinical privileges delineation and renewal.

Other Staff Members

Depending on the size of the facility, the MSSD could also include a continuing medical education coordinator and graduate education coordinator. It is not unusual for the medical library function or the institutional review board (IRB) function to rest with the MSSD in small and large facilities. Regardless of the functions residing in the department, there should be strong direction, organization, and established policies and procedures for performing the work.

■ The Medical Staff Services Department

Regardless of the size of the organization and the number of staff in the department, the MSSD functions as the administrative center for the organized medical staff. This office is the "home base" for the elected officers of the medical staff. In many facilities, a decision is made to locate the department in close proximity to the medical staff lounge. This physical location encourages interaction between the

MSSD staff and the physicians. Services provided by the MSSD almost always include management and coordination of activities related to credentialing and medical staff organization committees and departments. In addition, many MSSDs support the medical staff organization's continuing medical education program, the medical staff library, and the IRB, and play a role in the residency training programs if the organization is an academic facility or is affiliated with one. Other activities that occur sporadically, but tend to be time-consuming, include accreditation preparation activities and support for corrective actions, investigations, and fair hearings.

Organizational Structure

The MSSD typically reports to the hospital administrator or to a vice president of medical affairs. In addition to the formal reporting structure for the MSSP and his or her supervisor, there is an informal reporting structure for the MSSP and the elected officers of the medical staff organization. FIGURE 1-1 is a sample organization chart for the MSSD. FIGURE 1-2 depicts how the typical MSSD is positioned in the hospital organizational structure.

Relationship with Other Hospital Departments

The MSSD does not stand alone in the organization. Due to the relationships that are established between the medical staff members and the MSSD staff, many hospital departments and/or functions rely on the MSSD to facilitate communication with the physicians.

Administration

The MSSD interacts with various members of the administrative team. It communicates hospital policies and procedures to the medical staff. The MSSD also assists the administration in meeting accreditation standards and apprises the various leaders of key medical staff issues.

Director of Nursing/Chief Nursing Executive

The director of nursing/chief nursing executive (CNE), as well as various nursing units, rely on the MSSD for notification of new medical staff members. The MSSD maintains the official medical staff roster and records related to clinical privileges. Consequently, it must establish a mechanism for assuring that nursing staff has access to current privileges information. The department must also establish systems to notify nursing units when physicians join or leave the staff, when privileges are suspended or revoked, and when temporary privileges are granted. In addition, the MSSP must work with the CNE on the clinical privilege delineation for allied health professionals such as advanced practice nurses.

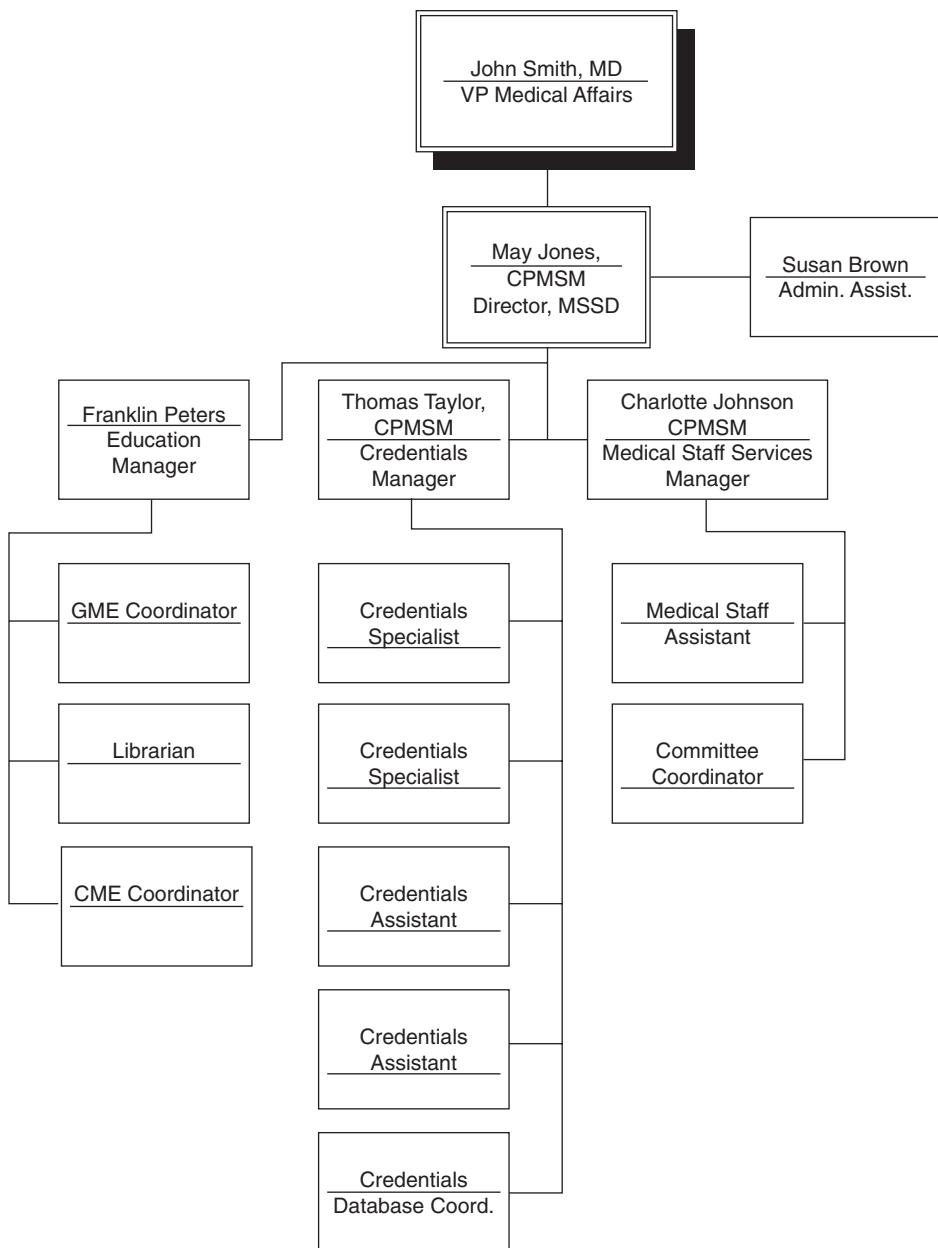


FIGURE 1-1 Sample Organization Chart for the MSSD

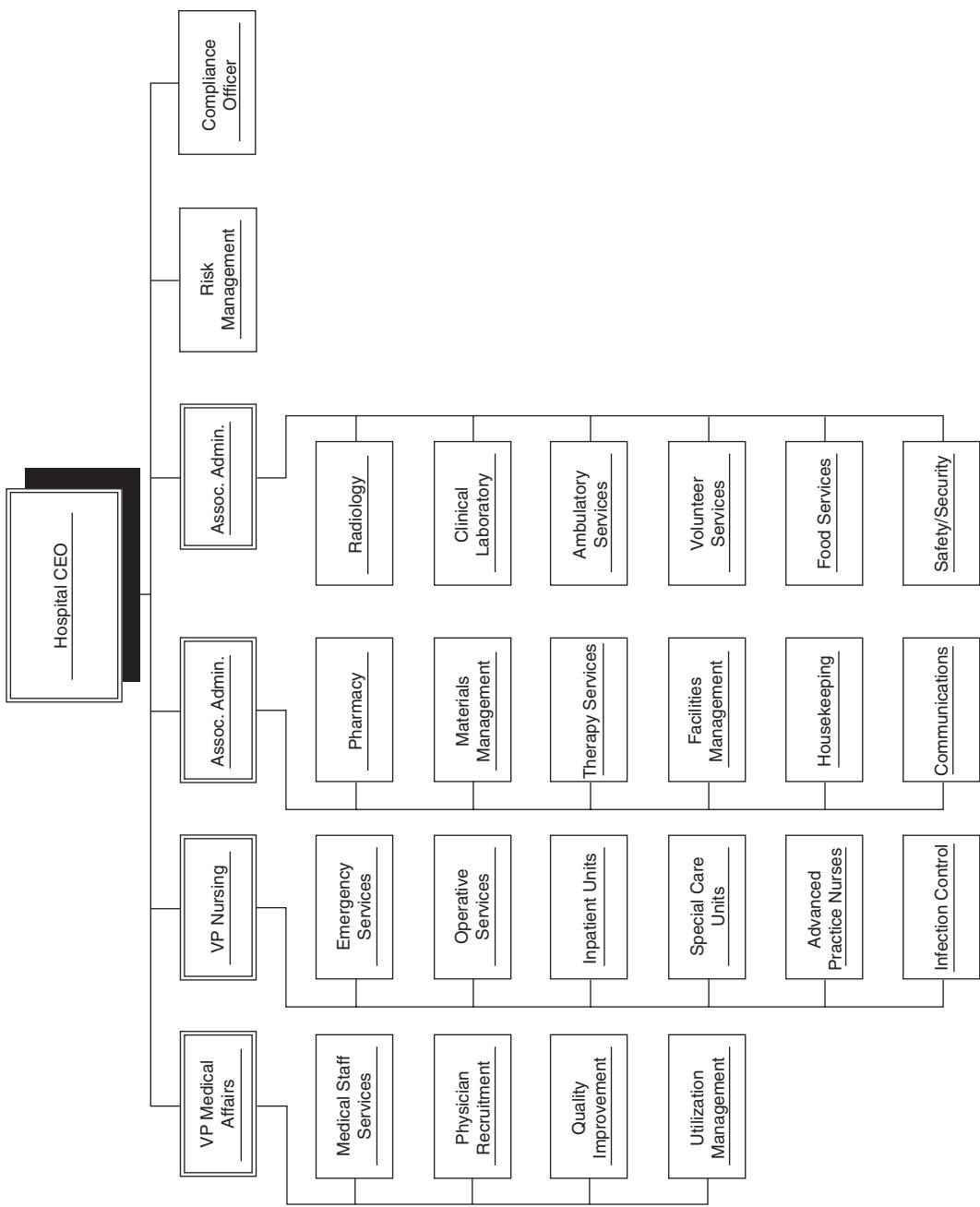


FIGURE 1-2 Relationship of the Medical Staff Services Department to Other Departments in the Hospital

Health Information Management Department

Accurate and timely completion of medical records is an important function that the medical staff must perform. This function is carried out in conjunction with the health information management (HIM) department. The HIM department enlists the assistance of the MSSD in enforcing policies for completion of records. As medical record suspensions may be one of the criteria for reappointment, suspension of clinical privileges for failure to complete records must be done in coordination with the MSSD. The MSSD relies on the HIM department for accurate reports on the number of suspensions for each physician. It also relies on the HIM department for accurate volume data for each physician. The volume data (e.g., number of admissions, discharges, consultations, surgical procedures) serve as the denominator for many of the reappointment criteria.

Quality Assurance or Improvement Department

The MSSD works collaboratively with the quality department, which also plays a key role in supporting medical staff organization functions. The data collected by the quality department are the most important information used in the ongoing professional performance evaluation, focused professional performance evaluation process, and privilege renewal/reappointment process. The clinical department chair, prior to making a decision to reappoint a physician, must review surgical complication rates, mortality rates, and other outcome data. Timely sharing of these data between departments is critical. The quality department also gathers data that may trigger the medical staff peer review process.

The MSSD and the quality department must work closely together and should identify procedures for information sharing. The MSSD relies on the data collected by the quality department; in turn, that department depends on the MSSD to notify it of any new staff physicians, changes in clinical privileges, new or changes to procedures, clinical pathways, or changes in accreditation standards that have an impact on the medical staff quality program. When medical staff organization functions require support from individuals with a clinical background, individuals from the quality management department often fill this role. Regular collaboration between the MSSD and quality management is necessary to support medical staff organization activities.

Utilization Management

As mentioned previously, individuals performing utilization management (called case management department in many hospitals) maintain information on the efficiencies and costs related to specific physicians' practice. These data are also reviewed during the reappointment process. The same type of cooperative relationship that exists between the quality department and the MSSD must also exist between the MSSD and the staff who perform utilization management. In many hospitals,

quality improvement, risk management, utilization management, and social services are all functions that may be performed under the umbrella of a single integrated department.

Social Services

The social services or social work function interacts with physicians on a daily basis. There is a need for social work staff to know about newly appointed physicians and changes to medical staff status and privileges. The medical staff may develop policies and procedures that affect the work of the social services staff. The MSSD can facilitate this kind of policy and procedure development in a collaborative way. There should be a mechanism in place within the MSSD so that those departments that may be affected by the changes can review proposed medical staff policies. Social work staff also identify issues related to community resources for various patient types, and the MSSD may be instrumental in enlisting the medical staff organization's assistance in working with community organizations to address these needs.

Emergency Services

In many hospitals, the MSSD is the keeper of the "call schedules" that provide for specialty physician backup coverage for emergency patients. These schedules are necessary for the functioning of the emergency services department. The MSSD must share this information in a timely fashion. The emergency services department also needs to know about new physician members of the medical staff, changes in status or privileges, and suspensions from the medical staff.

Patient Relations

Patient relations staff are responsible for addressing the concerns and complaints lodged by patients. The MSSD should be aware of the policies and procedures related to this function, as he or she may be asked to respond to complaints related to physicians. At the very least, the MSSP must communicate with the appropriate clinical department chair to seek resolution of the complaint. Patient relations staff can provide aggregate data to the MSSD regarding complaints filed for each physician, which are another type of data used in the reappointment evaluation.

Marketing and Business Development

If the hospital has a separate department for marketing and business development, the MSSD will interact with this department regularly. The business development department may produce announcements for new staff, so it will rely on the MSSD to notify it of new medical staff members. In many organizations, a professional "sales staff" of physician relations liaisons is part of the marketing department. These liaisons have the potential for recruiting physicians to join the medical staff. It is necessary for the MSSD to understand the role of the physician relations staff—

just as it is important for the physician relations staff to understand basic medical staff procedures, such as how to apply for medical staff privileges.

Another function performed by the marketing and business development office may be that of contract negotiation or recruitment of new physician employees. Recruitment efforts should always be performed in conjunction with the MSSD. Close cooperation is necessary to assure that the medical staff's criteria for membership as well as all licensing and credentialing standards are met. In the area of contracting, the MSSD director should have the opportunity to review contract language that relates to delegated credentialing, for example.

Public Relations

The public relations (PR) department can provide many services for the MSSD. Editorial services for the medical staff newsletter, continuing education series for physicians and their office staffs, announcements of new staff, and print advertisements for new physicians and services are just a few areas where collaboration is possible. The MSSD can utilize the expertise of the PR staff in the areas of editing and writing.

Physician–Hospital Organization

In larger facilities, the presence of a physician–hospital organization (PHO) requires clear definition of the roles of the MSSD. Will the MSSD serve as an internal credentials verification body for the PHO? Will it share information regarding licensing, credentialing, and peer review? The MSSD staff needs to understand the type of relationship desired by this organization, and establish clear policies and procedures to be followed. If the relationships are not clear, the MSSD should ask for clarification so that the organizational intent can be supported and confidential information protected.

Admissions Department

The hospital admissions department depends on the medical staff services office for an accurate, up-to-date medical staff roster. Most MSSDs control the input of physician data into the hospital registration systems. As a consequence, the admissions department is a primary customer of the MSSD. There should be a cooperative relationship between admissions and medical staff services; the admissions department should contact the MSSD whenever questions arise about a physician's ability to admit and care for patients.

Risk Management

There should be a strong link between the risk management function and the MSSD. The MSSD relies on the legal expertise of hospital counsel or the risk manager when dealing with issues related to bylaws and policy development. In addition, risk management is an important source of claims information necessary for physician

reappointment. The MSSD should have in place a system for communicating potential liability or risk issues to risk management.

Medical Staff Attorney

MSSPs are often the conduit through which medical staff leaders have access to legal counsel for medical staff organization activities. Ideally, the MSSP will develop a close working relationship with an attorney who specializes in medical staff organization legal issues. The MSSP may work with the attorney on medical staff bylaws, policies and procedures, credentialing issues, peer review issues, and related correspondence. In addition, when corrective action is contemplated or actually occurs (e.g., summary suspension, limitation of privileges) or investigations occur that result in reports to the National Practitioner Data Bank and triggering of fair hearing processes, it is critical that the MSSP seek legal guidance and assistance on behalf of the medical staff organization.

Hospital Compliance

Since the mid-1990s, hospitals have established compliance offices.³ The compliance officer's role is to assess and monitor the organization's compliance with laws and regulations. A large part of the compliance officer's role deals with the requirements of Medicare and the federal government. A key element in every compliance program is education of hospital staff (using the CMS hospital compliance guide). The MSSD can and should act as a liaison between the medical staff and the compliance office.

Staffing and Staffing Analysis

The medical staff services industry has sought a benchmark for the number of staff needed for MSSDs. In response to this need, some MSSPs have developed formulas, ratios, and other approaches to determine the number of staff required to perform specific activities. Because of wide variations in the scope of services provided by the MSSD to support the medical staff organization, plus the use of technology to accomplish certain functions, an industry benchmark standard for staffing MSSDs does not exist. For example, in terms of the credentialing function, some medical staff applications are 7 pages long, others are 15 pages, and still others are available online. Not surprisingly, the time required for data entry in these three cases will vary widely. Some MSSDs use electronic methods for querying verification organizations, whereas others rely solely on manual methods. Use of the latter approach can increase the resources required to complete the task by tenfold or more. Therefore, it is essential to clearly define which methods will be used to deliver services before any attempt is made to develop a staffing standard for the department. It is more important for MSSPs to focus their efforts on developing a sound approach for analyzing staffing needs as opposed to searching the literature for a magic number.

To determine the number of employees needed to accomplish the many functions of the MSSD, the department director must be able to perform a detailed staffing analysis. Each function should be broken down into the number of hours required to complete the process. For example, committee support should take into consideration pre-meeting activities such as agenda planning meetings, agenda preparation, and committee packet preparation (copying and distribution). An organization that relies on a paper-based system will require more staff to accomplish these functions than an organization that uses a protected Web site to post meeting materials. Functions of the MSSD may also include attendance at the actual meeting, minute preparation, and preparation of committee follow-up of action items. TABLE 1-1 provides a checklist for the support needed for one committee meeting; the information provided by the checklist should facilitate staffing analysis.

Table 1-1 Competency Checklist	
Meeting Preparation	
Step to Complete	Skill or Competency Required
Reserve meeting room	<ul style="list-style-type: none"> • Know whom to contact within the organization to reserve the room • Know which form to use reserve room/audiovisual equipment
Arrange for food service	<ul style="list-style-type: none"> • Know whom to contact within the organization to arrange refreshments • Know what form to use to arrange food services
Prepare agenda	<ul style="list-style-type: none"> • Organization—Maintain list of pending items, old business, new business, correspondence, etc. • Know basic meeting rules (e.g., <i>Robert's Rules of Order</i>) to determine order of meeting agenda • Facilitation—Make sure that appropriate individuals have input on agenda content • Word processing skills • Word processing/typing
Develop meeting notice	<ul style="list-style-type: none"> • Use photocopy equipment • Collate materials • Operate binding machine
Prepare meeting packet organized in the order of the agenda	<ul style="list-style-type: none"> • Know who the committee members are • Generate mailing list from software system • Know the organization's mailroom procedures • Know which packets to hand deliver
Distribute meeting notice and packet	

The following formula is then used to determine the number of full-time employees (FTEs) needed to support one committee. (Each committee requires analysis of its support. This illustration cannot be used as a benchmark standard for all medical staff meetings.)

$$\begin{aligned} 6 \text{ hours of staff time is used} &\times 12 \text{ months } (\text{The committee meets monthly}) \\ &= 72 \text{ hours } (\text{total hours per year needed to support the committee}) \div \\ &1800 \text{ (the number of hours one full-time person actually works/year)} \\ &= .04\text{FTE needed to support the committee} \end{aligned}$$

Functions

The MSSD performs many functions for the hospital and medical staff. Brief descriptions of some of the key functions follow.

Committee Support

Many medical staff organizations have established a committee structure to assist them in meeting the many accreditation requirements. The MSSD staff must have a good understanding of the committee structure. Typically, only the medical executive committee (MEC) is allowed to take actions; other committees of the medical staff make recommendations for action to the MEC. Some medical staff organizations delegate some decision-making authority.

It is imperative that the MSSD personnel assist the medical staff in maneuvering through the committee structure. To do so, the MSSD should develop a system for transmitting agenda items and recommendations from committees and departments up to the MEC. Similarly, systems should be in place to demonstrate when actions were taken. The department should also maintain a follow-up system to assure that the actions agreed upon are completed in a timely fashion (see Chapter 14).

In addition, the MSSD staff should have a good understanding of the group process. Committees can be effective tools if their members work toward a common goal and if the members understand and agree on the purpose of the committee. The ability to recognize when a committee has become dysfunctional is a valuable skill. Medical staff services personnel can then assist the chair in bringing the group back to common ground.

The MSSD staff represent a key resource for the various accreditation standards related to medical staff. The staff's understanding of accreditation standards requiring documentation of specific medical staff functions is critical. Accreditation agencies, for example, rely on this kind of documentation to demonstrate that the various functions are being performed.

The MSSD maintains the minutes of meetings and follow-up materials for medical staff organization groups. The ability to summarize and document committee proceedings is an acquired skill. It takes practice to learn how to discern what

is important to the meeting documentation. MSSPs are able to identify the issue being discussed, the reasons why it is being discussed, important aspects of the discussion, conclusions drawn by the committee, and any actions taken.

The key to an effective committee meeting is good preparation and agenda planning. The MSSP serves to assist the chairs in agenda development and follow-up. Effective agenda planning includes the reasons for presentation of an issue, any supporting documentation, and the desired outcome.

Medical Staff Liaison

The MSSD acts as the liaison to the medical staff. Department staff members have daily contact with many members of the medical staff and can assist them in various ways. For example, issues brought up by physicians are routed to the appropriate committee or administrator via the MSSD. Members of the medical staff should be able to rely on the MSSD for information about the hospital and its services as well as information about policies and procedures that may affect patient care. Additionally, the MSSD may provide special services for the physicians such as use of fax machines, copy machines, and so on.

Orientation

The MSSD is often responsible for assuring that the newly appointed physician receives an orientation to the hospital and the medical staff organization. In conjunction with the medical staff organization, this department establishes orientation objectives and identifies the information that a physician needs to receive prior to caring for patients in the hospital. Working with many other departments, such as human resources, the MSSD develops and implements the orientation program. Recognizing that the physician's time is valuable, many MSSDs have developed orientation programs using the latest technologies. For example, a videotaped orientation program that can be viewed by the physician in his or her office or at home is one way to assure the information is provided in a useful format. Other formats include computer-based learning or links to the orientation content through the MSSD's Web page.

Credentials Verification

One of the most important functions of the MSSD is to complete the verification of physician and other licensed independent practitioner credentials for initial appointment and reappointment. Working within the framework established in the medical staff bylaws, the department establishes complementary policies and procedures to assure a consistent approach to the process. Such procedures include reviewing the application for completeness when received, determining the source of verification for the credentials elements, outlining how the application is prepared for clinical department review and committee review, and so on. Procedures should also address how the MSSP responds to "red flags" in the credentials process (see Chapter 6).

Procedures related to the reappointment process outline the time frame for distributing the reappointment application, determining the source of verification for the credentials elements, identifying the sources for the profiling information (e.g., utilization management, quality and peer review, risk management), and procedures for updating medical staff databases. It is critical that the procedures established for the credentials verification function be followed consistently. It is also critical that the staff members in the department responsible for carrying out the process are trained in how the procedures are carried out and why.

Accreditation Support

Regardless of the accreditation held by the hospital, the MSSD and the MSSPs play key roles in the survey process used to gain such accreditation. The MSSD assists the medical staff organization in ensuring their compliance with relevant standards. The documentation from the various medical staff committees and departments is maintained in the department, which also maintains all of the credentials files. By virtue of the information under its control, MSSD personnel should be included in the survey preparation efforts as well as the actual survey.

An effective role for the department director is as a member of the accreditation preparation task force. This task force usually consists of key administrative personnel (CEO, director of nursing, administrator responsible for ambulatory services, quality director, and the medical director) as well as the MSSP. The task force's duties include communicating changes in standards to the hospital departments as well as for all survey preparation activities. Survey preparation activities can range from mock surveys to in-service education for hospital and medical staff members. During the actual survey, the MSSP should accompany the physician member of the survey team.

Support of Medical Staff Leadership

In many hospitals, the medical staff leaders are elected to their positions and must accomplish the responsibilities of their offices while maintaining heavy patient care loads. The MSSD can assist these leaders in fulfilling their duties in a variety of ways. For example, this department can prepare correspondence for the review and signature of the leader, arrange meetings on behalf of the leadership, establish a quiet space within the department for the leaders to use for meetings, perform committee follow-up, and so on. The MSSP can also assist the leaders by keeping them up-to-date on the activities of the medical staff. Reports on the number of times temporary privileges have been granted or the failure of a committee to adequately perform its functions will facilitate the leaders in identifying opportunities for improvement in the medical staff organization structure. In addition, the MSSD should apprise the leadership of any issue raised in committee or by an individual medical staff member that may be controversial and require a joint medical staff and administrative response. This notification

enables the leader to gather additional information and prepare his or her response to the issue.

In that most medical staff leaders are elected and serve limited terms, the MSSP plays a valuable role in continuity of medical staff organization activities (see Chapter 3).

Policy and Procedure Development

The MSSD can also assist the medical staff leaders in identifying topics for policy and procedure development. Policies and procedures (or rules and regulations, depending on the specific medical staff structure) should be limited to issues that may lead to a credentialing action (such as failure to complete medical records documentation) or that outline how a particular standard is to be met. The MSSD is in a position to identify the need for new policies and procedures. In particular, review by the MSSD of trends in complaints or issues raised by other departments can trigger the development of a policy. Following thorough research of standards, laws, or regulations, the MSSD staff may draft policies for consideration of the medical staff leadership. Once policies are developed, the MSSD may establish a mechanism for periodic policy review and revision.

The governing body should approve critical policies and procedures, because these items establish authority and responsibilities of the MSSP as well as physicians and administration. The type of policies that need governing body approval may include those related to credentialing, peer review, and clinical privilege delineation. Other policies that establish key processes or address how the organization complies with statutes or regulations may also require governing body approval. At times, the MSSP may be caught in the middle of competing interests. In these circumstances it is helpful to have the governing body define the accountabilities of the various parties in policy.

Resource Center

The MSSD should establish a resource center for the medical staff leaders and hospital administrators. The information contained in this center should focus on medical staff issues. Examples of documents that should be available include the following:

- *Joint Commission standards manual.* The appropriate Joint Commission accreditation manual provides a detailed listing of the various standards that an organization must meet to obtain and maintain accreditation status. In addition to each standard, the manual outlines specific elements of performance that must be evident in the organization's processes for meeting standards. Accreditation manuals are available for a variety of healthcare settings, including hospitals, home health, ambulatory care, and health networks. The Joint Commission standards are available through the Internet as well, so the MSSP should be able to provide the medical staff leadership with access to the Internet.

- CMS's *Conditions of Participation*. The CMS's Conditions of Participation (COP) outline the requirements that hospitals must meet to participate in the federal healthcare payment programs. The COP cover such areas as governing board structure, medical staff, anesthesia services, and quality of care.
- *Current medical staff bylaws*. The organization's medical staff bylaws provide the framework for the self-governing medical staff organization. Bylaws typically include a description of how the medical staff is organized, qualification for membership, responsibility of membership, committee and department structure, and so on.
- *Current medical staff policies, rules, and regulations*. If the medical staff bylaws provide the framework of the medical staff organization, the policies and procedures or rules and regulations provide the operational processes for conducting medical staff business.
- *Hospital policies and procedures*. Hospital policies and procedures detail the rules and processes that must be followed on a variety of issues that affect the entire organization. For example, hospital policies might address informed consent, human resources matters such as dress codes, or benefit time. Physicians on the medical staff must be aware of the hospital policies with which they must comply.
- *Current state statutes regarding licensure and peer review*. These statutes include state laws or regulations that govern the practice of medicine in the state and state laws or regulations that outline the protection from discoverability for quality and peer review-related activities.

■ Performance Improvement in the MSSD

Many healthcare organizations have adopted a management philosophy that encourages continuous quality improvement. The MSSD should participate in the hospital quality improvement program by establishing a department-specific plan. A simple process can be followed to establish a performance improvement process for the MSSD.

1. Identify the department's customers: physicians, patients, insurers, other hospital departments. What are their expectations of the department? Do they expect committee support, timely processing of their applications for membership, an accurate medical staff roster, or something else?
2. Identify the department's major services. These might include credentials verification, committee support, accreditation coordination, serving as medical staff liaison, or maintaining the medical staff database.
3. Identify any standards that must be met by the department. These items might be external to the department, such as accreditation standards, or they might be internal, such standards for turnaround times for application processing

- or response times for requests for verification of staff membership. The department staff should establish internal standards in a collaborative manner.
4. Determine how department staff members know whether the customer's needs and expectations are being met. What is being measured to determine compliance?
 5. Establish measurement systems: What will be measured? Also, identify frequency of data collection: How often will the data be collected? Will it be collected continuously or by a sampling method? Who will collect the data? Which tools will be used?
 6. Determine the usefulness of the information. Will the data generated be useful in identifying opportunities for improvement within the MSSD? If not, then the collection of those particular data may not be a priority. The overall goal of the department performance improvement plan is to collect general, useful information to help increase efficiencies or improve customer satisfaction. Collecting data simply for the sake of collecting data is a waste of time.

An example of a simple measurement tool is a run chart that documents process time for each application completed. A telephone log can be used to document that calls are returned within whatever time standard has been set by the department. Once these decisions have been made and the data collected, the results must be analyzed. The department must determine who will analyze the data and how the findings will be reported. Keep in mind the end user of the data. Who will see the report—the medical director? The credentials committee? Administrators? Or is the report intended for internal use by the department director only? A sample department performance improvement plan and a sample PI reporting form are included on the CD that accompanies this book.

Customer Satisfaction Survey

A key element to any performance improvement plan is how customers feel about the services provided by the department. MSSDs are no different. The customers of the MSSD are many, as previously noted in this chapter. For the purpose of determining customer satisfaction, the MSSD should focus on the primary customer: the medical staff. When conducting a satisfaction survey, the medical staff can be divided into three components:

- Newly appointed members
- Medical staff leaders (officers, medical directors, department and committee chairs)
- All other medical staff members

Each of these groups can provide useful information on specific areas of the MSSD's responsibility. Newly appointed staff members should be asked to assess the responsiveness, helpfulness, and communication style of the MSSD staff during the

application process. Medical staff leaders can assess the responsiveness, committee support, research efforts, document preparation, and so on. Finally, the remaining members of the medical staff can assess overall communication, responsiveness, and professionalism of the MSSD staff.

Conducting a Survey

Once the customers have been identified, the MSSD staff needs to develop a survey tool. Many types of survey methodologies are available, although use of a survey tool that relies on a Likert scale is the most commonly employed approach. A sample survey tool is shown in EXHIBIT 1-2. Ideally, the same survey tool will be used during each survey period. That way, the MSSD can examine the data for patterns or trends. Using a different tool for each survey eliminates the possibility of having historical comparative data.

Once a tool is developed, it is distributed to the survey population. The number of surveys sent out is recorded, as this information is necessary to calculate the response rate. An internal deadline for receipt of responses is set. When the deadline is reached, the response rate is calculated to determine whether it is statistically significant. Most groups consider that at least 30 responses must be received for the results of the survey to be statistically significant. The response rate is calculated by dividing the number of responses received by the number of surveys distributed. For example, if 35 responses are received out of a possible 150, the response rate is 23.3%.

If the response rate is not statistically significant, you may want to send out the survey a second time.

If the response rate is statistically valid, then the data are organized so that they can be easily viewed and analyzed. Excel spreadsheets and Access databases are two popular ways of storing the data for easy analysis.

Once the data are entered into the system, analysis can begin. The most commonly undertaken analysis seeks to determine the percentage for each response to each question. If the survey tool allowed respondents to add specific comments or suggestions, then the types of comments received can be classified into broad categories.

Once the data analysis is complete, the results are displayed and include a comparison to historical data. Managers can draw conclusions and develop action plans in response to the survey findings. A sample report of satisfaction data is shown on the performance improvement report in FIGURE 1-3.

■ Expanded Roles

In today's changing healthcare environment, there may be opportunities for MSSDs and MSSPs to assume expanded roles within the organization. These roles may offer

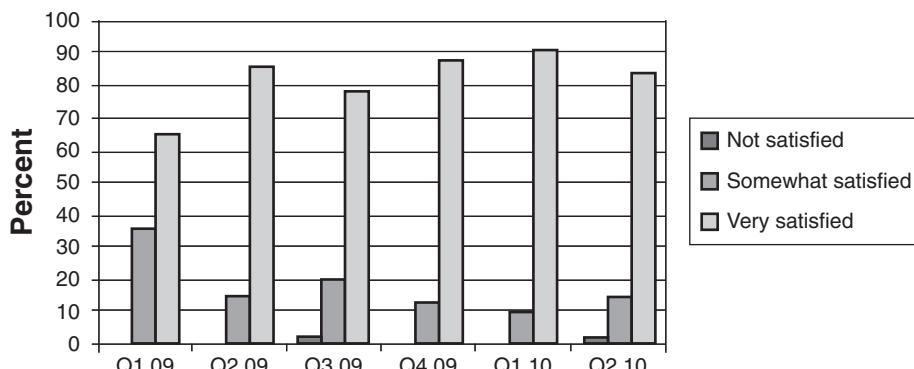
Exhibit 1-2

Sample Performance Improvement Survey
Tool Satisfaction Survey—Medical Staff
Services Department

Indicate your level of agreement with the statement below	Excellent/Fully Agree	Satisfactory/Somewhat Agree	Disagree/Poor	N/A
New Applicants	5	4	3	2
Application sent promptly upon your request Instructions for the credentials process were accurate and thorough Staff answered your questions completely Staff kept you informed of status Requests for additional information were made courteously Overall, my satisfaction with the process Overall, my satisfaction with the MSSD staff			1	N/A
Medical Staff Leadership	5	4	3	2
MSSD staff are responsive to my requests Documents prepared are accurate, complete, and professional in appearance Staff anticipate my needs Staff maintains confidentiality of sensitive information Overall, the staff meets my needs Overall, I am satisfied with the service provided by the department			1	N/A
Medical Staff Member	5	4	3	2
MSSD staff are responsive to my requests Staff are professional Staff are courteous Overall, I am satisfied with the department			1	N/A

Comments:

Physician Overall Satisfaction — Medical Staff Services



Physician Overall Satisfaction — Credentialing

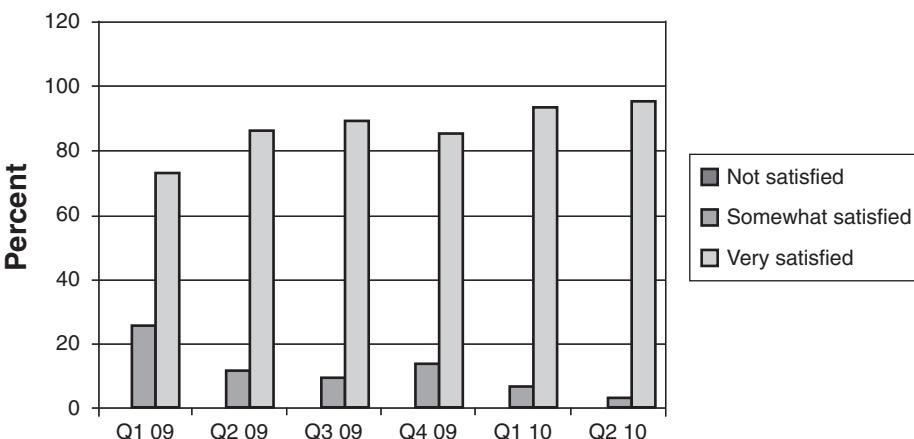


FIGURE 1-3 Customer Satisfaction Survey Results

a chance to assume greater responsibility within the organization or may provide the department an avenue for revenue generation. The department director should approach each opportunity carefully and prepare carefully thought-out business plans for consideration by the organization's leaders.

Integrated Delivery Systems

The up-to-date MSSD will have procedures in place to perform credentials verification. In an integrated delivery system, the MSSP may have the opportunity to centralize certain functions for the organization. These functions might include credentials verification, maintenance of credentials files, or managing the enrollment of physicians in managed care plans. See Chapter 9 for additional information.

Delegated Credentialing

When a managed care company enters into an agreement with a hospital or group practice, part of the standard contract language includes the manner in which physicians will be credentialed to be enrolled in the plan. The concept of delegated credentialing is recognized by managed care companies as a way to avoid duplication of processes. The managed care company can delegate the credentialing of a group practice or select faculty members to the hospital; in essence, the managed care company agrees to accept the credentials verification work already done by the hospital. This saves the physician and the managed care plan considerable time and avoids duplication of efforts.

When entering into a delegated credentialing agreement, the managed care company will do a pre-agreement site visit. At that visit, select credentials files are reviewed, the application forms are reviewed, and medical staff bylaws and medical staff services policies and procedures for the performance of the credentials process are evaluated. It is important to note that the managed care company is evaluating these processes to assure compliance with National Committee for Quality Assurance (NCQA) standards. If it is determined that the procedures meet the NCQA standards, a delegation agreement may be executed.

Once the delegation agreement is in place, the managed care company must show oversight of the process. This is accomplished by the performance of an on-site audit each year. This audit entails review of a select number of credentials files and policies and procedures. If standards continue to be met, the delegation can continue. If the standards are not being met, however, an action plan may be required from the MSSD outlining how the department will change its procedures to meet these standards.

A delegated credentialing arrangement can be very effective. It reduces the paperwork required by physicians and can expedite the enrollment process. The hospital MSSD should establish procedures detailing how to deal with requests for delegation, from contract language review, to scheduling of on-site audits, to providing updates to the managed care company as needed. With the appropriate policies in place, delegation compliance can be accomplished in an efficient manner. For more details, see Chapter 9.

Credentials Verification Organization

In some health systems or integrated delivery networks, several facilities may duplicate credentials verification for the same practitioners. MSSDs have the most experience with the credentials verification process and have established procedures for this task in place. There is logic in centralizing the credentials verification procedures performed at all facilities under the existing MSSD. By establishing an organization-wide CVO, the MSSD can save the organization the costs associated with staffing an office at each location. For more details, see Chapter 10.

Physician Referral Service

Some hospitals have established physician referral services. These telephonic and electronic services offer patients the opportunity to find a physician affiliated with the hospital who meets patient-specific parameters (e.g., is located within a specific ZIP code, is located on a bus line, accepts Medicare payment, speaks Spanish). This strategy is an effective way to build physician loyalty to the hospital. Many MSSDs take a leading role in managing this service.

Quality Improvement

As hospitals look toward reengineering or continuous quality improvement strategies, opportunities may arise to consolidate departments. The merger of the medical staff department and the quality department is a reasonable approach in many organizations. Often, the medical staff services and quality departments have been working closely for years in assuring that physician peer review is accomplished and reported for reappointment. As the emphasis in quality improvement shifts toward process improvement and away from traditional peer review, the MSSD can assume the responsibilities for medical staff peer review. It is not necessary to have a clinical background to manage a quality department. Quality departments typically consist of nurses and other clinicians who can provide the nonclinician director with necessary input. Additionally, the hospital usually identifies a physician liaison who works closely with the quality department and assists with clinical matters. The knowledge and skills held by an MSSP will permit him or her to provide effective leadership of additional hospital departments.

Physician Relations

The use of physician relations representatives to market the hospital and its services to physicians has proven to be an effective strategy for ensuring appointment of quality physicians. By virtue of their knowledge of the healthcare system and the way that the hospital functions, MSSPs are prime candidates to fill the role of

physician relations representative. The MSSP demonstrates two key skills that are essential for this position—good interpersonal skills and the ability to communicate effectively with a diverse audience.

Healthcare Compliance

Many hospitals and health systems have established corporate compliance programs and departments. In many cases, this move has come in response to increased scrutiny by the federal government regarding compliance with rules and regulations related to Medicare and Medicaid. As compliance programs grow within the organization, the MSSP may want to consider opportunities in this field. The typical MSSP has the skills required for this position, including understanding of rules, regulations, laws, and statutes, as well as being detailed oriented.

Conclusion

The activities of the MSSP are as diverse as the elements found in today's healthcare environment. The MSSP provides essential services to the healthcare facility. His or her unique role as resource person and facilitator enables the hospital and medical staff organization to work toward a common goal—providing quality care for patients. The responsibilities of the MSSP and MSSD are numerous, and the provision of quality patient care can be directly linked to the work performed in the department. To fulfill its responsibilities, the MSSD must have strong leadership, established policies and procedures, and a clear reporting relationship within the administrative structure. Medical staff services can be a challenging and rewarding field.

Notes

1. Smits HL. "Quality Management and Consumer Protection Under the President's Health Reform Plan." *Qual Letter Healthcare Leaders.* 1994;5:2–6.
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3. Troklos D, Warner G. *Compliance 101.* Philadelphia, PA: Health Care Compliance Association; 2001.