



**MEDICAL STAFF LEADERSHIP
RETREAT
March 13 - 14, 2024**

AGENDA – DAY 1

- 7:30 – 8:00 AM BREAKFAST**
- 8:00 – 9:00 AM MEET DR. ELLIOTT EMBER! (INITIAL APPLICANT CASE STUDY)**
- 9:00 – 10:00 AM TIPS FOR EFFECTIVE CREDENTIALING**
- Establishing detailed threshold criteria
 - Appropriately considering waivers
 - Giving and getting references
 - Managing incomplete applications
 - Addressing misrepresentations administratively
 - Aligning recruitment and credentialing
- 10:00 – 10:15 AM MORNING BREAK**
- 10:15 – 11:00 AM PRIVILEGING DISASTERS & MANAGING PRIVILEGING CHALLENGES**
- Delineating Privileges: Core privileges, special privileges, and how to decide who is granted what
 - Low and no volume
 - Privileges for new treatments and procedures
 - Privileges that cross specialty and disciplinary lines
 - Privileges for Advanced Practice Professionals
- 11:00 AM – 12:00 PM REMEMBER DR. EMBER? (PEER REVIEW OF CLINICAL CONCERNS CASE STUDY)**
- After suffering a few setbacks during the credentialing process, Dr. Ember joined our Medical Staff. While his initial appointment term went relatively smoothly, recently concerns about his clinical performance have come to the leadership’s attention. With his checkered background – and now spotty performance – is there room for a second chance? How can we get there from here? And what would the second chance look like?
- 12:00 – 1:00 PM LUNCH BREAK**
- 1:00 – 1:45 PM TIPS FOR NAVIGATING THE PROGRESSIVE STEPS OF PEER REVIEW**
- When and how to notify a practitioner that clinical concerns have been raised through the peer review process

- Deciding if precautionary suspension is appropriate – and acting on that decision
- Obtaining practitioner input

1:45 – 2:15 PM

GETTING DISRUPTIVE BEHAVIOR UNDER CONTROL BEFORE IT RUINS YOUR CULTURE AND JEOPARDIZES PATIENT CARE – MEET DR. DOS-RUPTIVE!

Dr. Dos-Ruptive is a man with many faces. He can be violent and angry, defiant, and demanding. He can be charismatic and manipulative. Passive-aggressive. Argumentative. Even all of the above. While there are many shades of unprofessional conduct, all share a common characteristic – they disrupt the care environment and undermine employee morale and patient safety. Using real-life examples of unprofessional conduct, this session will illuminate what unprofessional conduct looks like – and emphasize the value of a Medical Staff Professionalism Policy to guide management of these most difficult issues.

2:15 – 2:30 PM

AFTERNOON BREAK

2:30 – 3:15 PM

PLANNING A COLLEGIAL MEETING TO DISCUSS A BEHAVIORAL CONCERN – A VARIATION ON A FAMILIAR THEME! (DR. RATTLER CASE STUDY)

Dr. Rita Rattler is a perfectionist. And she’s got her Mensa certificate to prove it. Unlike some other Medical Staff members who she perceives as sleepwalking through their careers with quiet complacency, Dr. Rattler thinks of each day as an opportunity to pursue excellence and strive for constant improvement. So, she has high expectations – for herself and for the rest of the healthcare team. The trouble is, her zeal may have gotten out of control. Hospital personnel are complaining. Dr. Rattler’s behaviors are escalating. Can a crisis be averted through early intervention? Is there a way to discuss behavior issues with a practitioner without burning the bridge? How can leaders prepare for such a meeting?

3:15 – 4:00 PM

TIPS FOR NAVIGATING THE PROGRESSIVE STEPS OF PEER REVIEW WHEN UNPROFESSIONAL CONDUCT IS AT ISSUE

- Choosing the best man for the job
- Heading off retaliation against those who report conduct
- When to consider a psychiatric evaluation
- When the physician perceives herself as the lone champion of quality
- Managing avoidance tactics (e.g., refusal to attend a meeting) swiftly, administratively, and without breaking a sweat
- Stay on track! How to avoid distractions, deflections, and threats raised by the practitioner
- Drafting – and monitoring – performance improvement plans for a colleague with conduct issues

AGENDA – DAY 2

7:30 – 8:00 AM

BREAKFAST

8:00 – 8:45 AM

NAVIGATING PRACTITIONER HEALTH ISSUES

- Types of impairment that should be on your radar
- The warning signs of addiction
- Requesting that a practitioner undergo a health evaluation
- Managing leaves of absence and reinstatement

8:45 – 9:45 AM

BULLETPROOF INVESTIGATIONS & MEANINGFUL CORRECTIVE ACTION BY THE MEC

When collegial intervention fails (or is not an option), Medical Staff leaders have no choice but to resort to less routine peer review activities, like the “investigation” process. And sometimes that leads to “corrective action.” While those more formal parts of peer review activity are less common than collegial steps, they have high stakes and it’s important that they be performed with precision. During this session, we will discuss best practices for getting through the end game while managing risk and providing each practitioner with due process.

9:45 – 10:00 AM

MORNING BREAK

10:00 – 10:45 AM

MAXIMIZING LEGAL PROTECTIONS FOR MEDICAL STAFF LEADERS, UNDER THE LAW AND IN ORGANIZATIONAL DOCUMENTS

10:45 – 11:15 AM

TAKEAWAY TIPS & HOT TOPICS – MEDICAL STAFF BYLAWS EDITION

During this segment, we will discuss “hot topics” and summarize the best practice recommendations for Medical Staff Bylaws and other Medical Staff policies that were covered throughout the course. Take home a checklist of “best practices” for Bylaws that can be used to evaluate your current documents – or make improvements – right away.

11:15 AM – 12:00 PM LET’S GET QUIZZICAL!

Get ready to be quizzed on topics that implicate legal knowledge. Find out how prepared you are to navigate the most complex and confusing realms of Medical Staff leadership:

- The National Practitioner Data Bank (NPDB) – What’s Reportable? What’s Not?
- EMTALA and On-Call Obligations

PRESENTERS



RACHEL REMALEY

PARTNER, HORTY, SPRINGER & MATTERN, P.C.

B.S., Carlow College; J.D., Case Western Reserve University

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Rachel joined Horty, Springer & Mattern, P.C. in 2000. Rachel has an easy-going demeanor balanced with a detail-oriented approach. She tends to be a creative thinker, helping clients to fashion new methods to address old problems. She has helped countless clients manage difficult credentialing and peer review issues and frequently works with physician leaders to review and revise Medical Staff Bylaws. When she's not at work, Rachel enjoys traveling and conquering her bucket list (marathon running, skydiving, and climbing Mt. Kilimanjaro included!), though her most recent adventures involve raising a family.

Practice Areas

- Hospital and Medical Staff consulting and legal services, including services related to credentialing, peer review, and Medical Staff structure and function, physician employment and other hospital-physician relationship issues (e.g., on-call disputes), drafting Medical Staff Bylaws and related governance documents, and Board and hospital/physician-leader education
- HIPAA privacy and security and breach notification
- Experience representing hospitals and physician leaders in Medical Staff hearings



LEEANNE MITCHELL-O'BRIEN

PARTNER, HORTY, SPRINGER & MATTERN, P.C.

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LeeAnne joined Horty, Springer & Mattern, P.C. in 2000 and is a partner in the firm. LeeAnne has a keen eye for detail and has assisted multitudes of health systems, hospitals, and Medical Staffs in the review and revision of their Medical Staff Bylaws. When she's not lawyering, LeeAnne serves on her local school board, fawns over her kitten, "August," and fully embraces her alter ego as a soccer mom.

Practice Areas

- Hospital and Medical Staff Consulting and Legal Services, including services related to credentialing, peer review, and Medical Staff structure and function, physician employment and other hospital-physician relationship issues (e.g., on-call disputes), drafting Medical Staff Bylaws and related governance documents, and Board and hospital/physician-leader education
- Research/IRB matters within hospitals
- Experience representing hospitals and physician leaders in Medical Staff hearings

HORTY SPRINGER

Founded in 1971, Horty, Springer & Mattern, P.C. has always been devoted to excellence in health care law. To that end, HortySpringer's attorneys have focused their practice to provide education, consulting, and legal services exclusively to health systems, hospitals, medical staffs, and related health care organizations (such as affiliated physician group practices, and clinics). HortySpringer has served clients in all 50 states and the District of Columbia.

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