

Cynthia Marcotte Stamer discussed “Medical Staff Bylaws For Effective Medical Staff Management” with members of the Hospital Chiefs of Staff Council of the Harris County Medical Society during a Thursday, February 11, 2009 meeting.

Physicians practicing on hospital or other medical staffs often underestimate their responsibility and power to influence the practice of medicine. They often fail to understand the role medical staff bylaws can play in shaping the degree of physician friendliness of the culture and environment of their facilities. Most physicians overlook the opportunity the medical staff bylaws offer to provide input into the shaping of facility and culture or take for granted that others will recognize and promote important elements without their input. By failing to effectively maintain and constructively use these opportunities under the medical staff bylaws, members of the medical staff too often cede to administration, nursing staff or other physicians that choose to be involved control over these decisions, Ms. Stamer told the physicians.

“Every physician practicing on a medical staff needs to understand that the medical staff of a hospital is a special private club of physicians,” according to Ms. Stamer. “This medical staff bylaw bears primary responsibility collectively for controlling the practice of medicine within the facility. The medical staff bylaws define the rules physicians must play by when practicing on medical staffs of hospitals and other bylaw governed health care facilities. Physicians too often take these rules for granted to their detriment.”

According to Ms. Stamer, physicians typically understand they must fulfill medical staff bylaw requirements to gain admission to a medical staff but don’t understand their role in helping to shape these rules and underestimate the significance medical staff bylaws have in determining what they will be required to do to keep those privileges in good standing and in determining when, why and how a physician can be disciplined to ejected from the medical staff. Understanding these rules, their role and importance and the appropriate procedures for provide input and address concerns under these rules extends well beyond determining if a physician gains admission and retains his ability to practice at the hospital. It also plays a key role in defining and maintaining the quality of medical practice within the hospital, the culture and relationships among members of the medical staff, their dealings with hospital administration and other hospital personnel and the duties, standards, and requirements that a physician practicing on the staff must meet to avoid discipline or other interference with his preferred methods of practice.

Historically, physicians exercised primary responsibility and power for managing medical quality in facilities, Ms. Stamer explained. A decline in the willingness of many physicians to participate on medical staff committees over recent decades facilitated the expansion of the influence of accreditation agencies, hospital administration, nursing staff and others over monitoring and control of quality of care and matters impacting physician practice of medicine within the hospital. As this trend has considered, expanding informal involvement of non-physicians in defining bylaw requirements and standards increasingly has become more formalized under accreditation requirements, laws and regulations and changes in hospital administrative practices and expectations. As this input and these mandates have expanded, physicians and administrators

largely have ceased viewing medical staff bylaws as mechanisms through which the physician medical staff collectively manages and promotes the quality of medical practice within the facility. Instead, medical staff bylaws increasing are used and viewed as tools for controlling the practice of medicine by and disciplining individual physicians on medical staff.

This shift largely accounts for both the growing perception and distrust by many physicians of medical staff bylaw bylaws as rules dictated and used by hospital administration to seize control over the practice of medicine within the hospital at the expense of physicians.

A lack of understanding about how to effectively use the medical staff bylaws and other procedures to shape hospital practices and address quality and peer review matters among physicians often undermines the efforts by many medical staff members to respond effectively to peer review or other challenges and often results in unconstructive dissention. Bylaws and their application too often becomes focused on judgment on rigid standards, rather than tools to support quality performance. This pattern is counterproductive for both physicians and the hospitals and their administration. The resulting distrust and dissention disrupts the ability of physicians and other caregivers to work together along with hospital administration to maintain the culture and processes necessary to collaboratively solve problems of care. As a result, valuable opportunities to optimize the ability of physicians and other caregivers to deliver and promote health care quality within the facility too often are lost.

Ms. Stamer urges hospital administration as well as medical staff leaders and other physicians practicing medical staff to recognize involvement on the medical staff and the medical staff bylaws that governs this involvement as a vital tool to physicians and hospital for maintaining the cultural and other elements necessary to effectively manage care within the hospital with a minimum of dissention and disruption. A healthy and thriving medical staff remains critical to the successful operation of any hospital. By law and by training, physicians are the gatekeepers for what patients get admitted to the hospital and primarily responsible for directing medical care during their stay.

Cynthia Marcotte Stamer regularly advises, defends and conducts training for physicians, hospitals and other health industry clients about licensing, peer review, credentialing and other health care staffing regulatory, compliance, and operational matters. For help in responding to or otherwise handling a licensing board, peer review, credentialing, or other professional performance or disciplinary matter, addressing other health care licensing, regulatory or operational matters, arranging training, obtaining copies of past Client Alerts or other educational materials, or in addressing other compliance or health care concerns, please contact Cynthia Marcotte Stamer at cstamer@solutionslawyer.net, 972-419-7188.

