

Policy: Practitioner Expectations

DEPARTMENT SPECIFIC: Only affects one department.							
Folder	Medical Staff Services			Sub-Folder (If Applicable)	Click here to enter text.		
Effective Date	10/14/2008	Approved Approver/Date	<i>Medical Executive Committee 11/28/17 Board of Directors 12/14/17</i>				
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PURPOSE:

To outline expectations for physicians and Limited Health Practitioners-Advanced regarding quality of care and service in accordance with the Accreditation Council for Graduate Medical Education (ACGME) general competencies framework and the Medical Staff Bylaws.

GUIDELINES:

All physicians and Limited Health Practitioners-Advanced appointed to the Medical Staff and/or granted privileges through the credentialing process will work to improve individual and aggregate performance through providing appropriate measurement of these expectations which provide positive and constructive feedback so each practitioner has the opportunity to grow and develop in his or her capabilities to provide outstanding patient care and valuable contributions to our hospital.

PROCEDURE:

DEFINITIONS:

Legibility - Per American Health Information Management Association (AHIMA), an aspect of the quality of provider entries; if an entry cannot be read, it must be assumed that it cannot be used or was not used in the patient care process.

1. Patient Care

a. Technical Quality of Care:

- Achieve patient outcomes that consistently meet or exceed generally accepted medical staff standards as defined by comparative data, medical literature, and results of peer review activities
- Provide appropriate patient care, including the use of evidence-based guidelines, when available, as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment
- Provide the patient comfort, including prompt and effective management of acute and chronic pain, according to accepted standards in the medical literature
- Actively participate in the provision of patient and family education to the plan of care

b. Quality of Service:

- Ensure timely and continuous care of patients, 24 hours per day, seven days per week, by clear identification of covering physicians and by appropriate and timely answering

service and electronic communications availability. Alternate coverage arrangements must be made for any period of time the practitioner is unavailable.

- Evaluate each patient as often as necessary-but at least daily-and document findings in the medical record at that time
- Participate in emergency room call coverage, where applicable, as determined by the departments
- Request inpatient consultations by providing adequate communication with the consultant, including a clear reason for consultation, and, for urgent or emergent requests, make direct (for example, physician-to-physician) contact
- Respond to requests for inpatient consultations in a timely manner by performing the consult or otherwise notifying the referring physician
- Delegate the responsibility for diagnosis or care of hospitalized patients only to practitioners who are qualified to undertake these responsibilities and are adequately supervised
- Respond promptly to nursing requests for patient care needs
- Support the Medical Staff's efforts to maintain patient satisfaction rates
- When transferring care of a patient (i.e. physician to physician, emergency department to inpatient, and hospital to hospital, nursing home, or home health care), provide accurate information about care, treatment, services, current condition, and any recent or anticipated changes-allowing the opportunity for questions

c. Patient Safety/Patient Rights:

- Participate in the hospital's efforts and policies to maintain a patient safety culture and reduce medical errors
- Follow nationally recognized recommendations regarding infection control procedures and precautions when participating in patient care
- Maintain medical records that are consistent with the medical staff bylaws, rules, and regulations, including, but not limited to, chart entry legibility and appropriate abbreviations and timely completion of reports and notes
 - Electronic documentation will be expected in the medical record for orders, history and physical, operative notes, progress notes and discharge summary except during computer downtime. During downtime all patient medical record entries must be complete, legibly prepared in ink or typewritten, dated, timed and authenticated in written form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures. Any handwritten document not legible by the receiver, the receiver should seek clarification from the ordering provider. If the provider cannot be reached or does not provide clarification, the Chief Medical Officer or President of the Medical staff should be notified to review and obtain clarification.
- Respect patient rights, including discussion of unanticipated adverse outcomes with patients/appropriate family members
- Respect patient privacy by not discussing patient care information and issues in public settings
- When seeing or attending patients, wear appropriate identification
- Discuss end-of-life issues when appropriate to a patient's condition, including advance directives and patient and family support, and honor patients' desires
- Report any unsafe care to the Quality Management department

2. Systems Based Practice/Resource Utilization:

- Strive to provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources according to comparative data and current professional standards
- Cooperate with guidelines for appropriate hospital admission, level-of-care transfer, and timely discharge to outpatient management when medically appropriate
- Provide accurate and timely discharge orders and instructions in collaboration with other caregivers

3. Professionalism/Peer and Coworker Relationships:

- Act in a professional, respectful manner at all times to enhance a spirit of cooperation, mutual respect, and trust among members of the patient care team
- Refrain from inappropriate behavior including, but not limited to, impulsive, disruptive, sexually harassing or disrespectful behavior, and derogatory or inflammatory medical record entries that are not directly related to the patient's clinical status or plan of care
- Address disagreements in a constructive, respectful manner away from patients or other noninvolved caregivers

4. Practice Based Learning and Improvement:

- Review individual and specialty data for all dimensions of performance and utilize the data for self-improvement to continuously improve patient care
- Respond in the spirit of continuous improvement when contacted regarding concerns about patient care
- Respond in a timely manner when provided information about issues requesting medical staff member input
- Make positive contributions to the Medical Staff by participating actively in Medical Staff functions and serving when requested
- Assist to identify issues that may potentially affect the physical and mental health of fellow Medical Staff members and cooperate with programs that are designed to provide assistance

5. Interpersonal and Communication Skills:

- Communicate effectively with other physicians and caregivers, patients and their families through appropriate oral and written methods to ensure accurate transfer of information
- Handoff communication should occur when transferring care to another provider
- Work effectively with others as a member or leader of the health care team
- Maintain medical records consistent with the Medical Staff Bylaws, Rules & Regulations, and policies

6. Medical Knowledge

- Use evidence-based guidelines when available, as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment
- Maintain ongoing medical education
- Demonstrate appropriate technical skills and medical knowledge

REFERENCES:

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