St. Louis VA Medical Center

BYLAWS, RULES AND REGULATIONS OF THE MEDICAL AND DENTAL STAFF

2011

PREAMBLE

Recognizing that the Medical and Dental Staff is responsible for the quality of care delivered by its members and accountable to the Governing Body for all aspects of that care, the Medical and Dental Staff practicing at the St. Louis VA Medical Center in St. Louis, Missouri, hereby organize themselves for self-governance in conformity with the laws, regulations, and policies governing the Veterans Health Administration and the Bylaws and Rules hereinafter stated. These Bylaws and Rules are consistent with all laws and regulations governing the Department of Veterans Affairs, and they do not create any rights or liabilities not otherwise provided for in law or Department of Veterans Affairs Regulations.

Table of Contents

PREAMBLE **2**

Table of Contents **3**

DEFINITONS **7**

Advanced Practice Nurse (APN) 7
Affiliation Partnership Council (APC) 7
Appointment 7
Elected Members of the Medical Staff 7
Medical Executive Board (MEB) 7
Ex-Officio 8
General Competencies 8
Governing Body 8
Licensed Independent Practitioner (LIP) 9
Medical Center 9
Medical Record 9
Medical and Dental Staff 9
Medical and Dental Staff Bylaws 9
Organized Medical and Dental Staff 9
Physician Assistant (PA) 10
Practitioner 10
Primary Source 10
Privileging 10
Professional Standards Board (PSB) 10
Reappraisal 10
Reprivileging 11
Rules 11
Telemedicine 11
St. Louis Veterans Administration Medical Center (St. Louis VAMC) 11
St. Louis VAMC Director (Director) 11
Verification 11

ARTICLE I: NAME **12**

ARTICLE II: PUPOSE **12**

ARTICLE III: MEDICAL AND DENTAL STAFF MEMBERSHIP **13**

Section 1 Membership Eligibility 13
Section 2 Qualification for Medical & Dental Staff Membership & Clinical Privileges . 14
Section 3 Basic Responsibilities of the Medical and Dental Staff Membership 15

ARTICLE IV APPOINTMENT AND INITIAL CREDENTIALING **16**

Section 1 General Provisions 16
Section 2 Application Procedures 17
Section 3 Process and Terms of Appointment 20
Section 4 Non Standard Medical Appointments 21

ARTICLE V: CLINICAL PRIVILEGES 24

Section 1. General Provisions 24
Section 2 Process and Requirements for Requesting Clinical Privileges 24
Section 3 Credentials: Evaluation and Maintenance 25
Section 4. Recommendation and Approval 26

ARTICLE VI: REAPPRAISAL AND REPRIVILEGING 27

Section 1 General Provision 27
Section 2 Amendment to Current Privileges 28

ARTICLE VII: FAIR HEARING AND APPLELLETE REVIEW **30**

Section 1 Denial of Medical and Dental Staff Appointment 30
Section 2 Action Against Clinical Privileges 30
Section 3 Reporting Adverse Actions 31
Section 4 Reporting Malpractice Payments 32
Section 5 Focused Review of Practitioner's Performance 32
Section 6 Suspension 32
Section 7 Termination of Appointment 34

ARTICLE VIII: ORGANIZATION OF THE MEDICAL AND DENTAL STAFF **35**

Section 1 Officers 35
Section 2 Leadership 36
Section 3 Duties of Officers 36
Section 4 Self Governance Actions 37

ARTICLE IX: COMMITTEES **38**

Section 1 Committee Membership and Operations 38
Section 2 Medical Executive Board (MEB)MEB 39
Section 3 Professional Standards Board (PSB) 40
Section 4 Bylaws and Nominating Committee 41
Section 5 Pharmacy and Therapeutics Committee (P&T) 42
Section 6 Research and Development Committee (R&D) 42
Section 7 Ambulatory Care Committee 43
Section 8 Performance Improvement Committee (PIC) 43

Section 9 Peer Review Committee (PRC) 47
Section 10 Affiliation Partnership Council 47
Section 11 Committee Records 48

ARTICLE X: CLINICAL SERVICES 49

Section 1: Characteristics 49
Section 2: Functions 49
Section 3 Selection and Appointment of Associate Chief of Staffs 50
Section 4 Duties and Responsibilities of-Associate Chief of Staffs 50

ARTICLE XI: MEDICAL AND DENTAL STAFF MEETING 52

ARTICLE XII: RULES 53

ARTICLE XIII: AMENDMENTS 53

ARTICLE XIV: ADOPTION 54

RULES AND REGULATIONS OF THE MEDICAL AND DENTAL STAFF 56

I. General 56
II. Electronic Information System and Security 56
III. Patient's Rights and Responsibilities 56
  A. Medical and Dental Staff Commitment to Patient Rights 56
  B. Advance Directive (AD) 57
  C. Informed Consent 58
IV. General Responsibilities for Care 60
  A. Conduct of Care 60
  B. Emergency Services 60
  C. Admissions 61
  D. Admission History and Physical Examinations (H&Ps) 61
  E. Transfers 62
  F. Consultation 63
  G. Discharge Planning 64
  H. Discharge 65
  I. Autopsies 65
V. Physician Orders 66
  A. General Requirements 66
  B. Automatic Stop Orders 67
  C. Submission of Surgical Specimens 68
  D. Special Treatment Procedures 68
VI. Role of Attending Staff 70
  A. Supervision of Resident and Non-Physicians 70
  B. Documentation of Supervision 70

VII. Medical Record 72
A. Basic Documentation Requirements 72
B. Basic Clinical Information Requirements 72
C. Inpatient Medical Record 73
D. Operative and Other Invasive Procedures 74
E. Outpatient Records 76
F. Authentication 76
G. Consent for Release of Medical Information 76
H. Unauthorized Removal of Medical Records 77
I. Rules and Regulations Governing Medical Record Content 77
VIII Practitioner Well Being Program 77
IX Infection Control 78
X. Disaster 79

DEFINITIONS

Advanced Practice Nurse (APN)
For the purposes of this document, APN refers to a registered nurse possessing an advanced degree and national certification to practice as a Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse Anesthetist. These individuals are credentialed, but not privileged, by the Medical and Dental Staff Office and are not considered members of the Medical and Dental Staff. They function under a Scope of Practice determined by state law, the supervising physician's delegation of responsibilities, the individual's education and experience, and the specialty and setting in which the individual works. APNs are appointed and governed by the Nurse Professional Standards Board (NPSB).

Affiliation Partnership Council (APC)
The Affiliation Partnership Council is established by a formal memorandum of affiliation between St. Louis VA Medical Center and its affiliation partners and approved by the Under Secretary of Healthcare Operations. It is composed of the Dean of St. Louis University School of Medicine, the Dean of Washington University School of Medicine, senior faculty members of the various schools as appropriate, representatives of the medical and dental staff of the facility; and such other faculty and staff as are appropriate to consider and advise on development, management and evaluation of all education and research programs conducted at this medical center.

Allied Health Practitioner (AHP)
For the purposes of this document, the term will refer to providers such as Nurse Practitioners (NP) Clinical Nurse Specialist (CNS) Certified Registered Nurse Anesthetist (CRNA) and Physician Assistants (PA) working under scope of practice.

Appointment
For the purposes of this document, the term appointment refers to appointment to the Medical and Dental Staff. It does not refer to appointment as a VA employee, but is based on having an appropriate personnel appointment action, scarce medical specialty contract, or other authority to provide patient care services at the Medical Center and/or its Community Clinics. VA employees (with or without compensation), contractors, and fee providers may receive appointments to the Medical and Dental Staff.

Elected Members of the Medical and Dental Staff
The term elected member of the Medical and Dental Staff means the Secretary, the Secretary-Elect, and the Treasurer of the Medical and Dental Staff; the Chairs of the Standing Committees of the Medial and dental Staff (except the MEBMEB, APC, PRC and the PSB); the PSB representative to the MEB, the senior members of Pharmacy & Therapeutics Committee and the Performance Improvement Committee who serve on the MEB; and the four at-large Medical and Dental Staff members to the MEB.

Medical Executive Board (MEB)
A group of Medical and Dental Staff members, a majority of whom are licensed physician members of the Medical and Dental Staff practicing in the St. Louis VA

Return to Table of Contents

Medical Center. This group is responsible for making specific recommendations directly to the St. Louis VAMC Director for approval, as well as for receiving and acting on reports and recommendations from Medical and Dental Staff committees, clinical services, and assigned activity groups. The MEB represents the organized Medical and Dental Staff between annual meetings

Ex-Officio
The term Ex-Officio refers to any individual who, by virtue of an office or position held, serves as a member of a committee or other body and, unless otherwise expressly provided, does so without voting rights.

General Competencies
General Competencies are adapted from the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties joint initiatives. The following are the six areas of General Competencies

1. Patient care – Practitioners are expected to provide patient care that is compassionate, appropriate and effective for the promotion health, prevention of illness, treatment of disease and care at the end of life.
2. Medical/Clinical Knowledge – Practitioners are expected to demonstrate knowledge of established and evolving biomedical clinical and social sciences, and the application of their knowledge to patient care and the education of others.
3. Practice-Based Learning and Improvement- Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.
4. Interpersonal and Communication Skills – Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of the health care teams.
5. Professionalism – Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice and understanding and sensitivity to diversity (includes race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity and physical disability) and a responsible attitude toward their patients, their profession and society.
6. System-Based Practice – Practitioners are expected to demonstrate both an understanding of the context and systems in which health care is provided and the ability to apply this knowledge to improve and optimize health care.

Governing Body
The Under Secretary for Healthcare Operations (USH) for the VHA, a component of the Department of Veterans Affairs (DVA), Washington, D.C., has delegated authority of the Governing Body through the Veterans Integrated Service Network (VISN) to the Medical Center Director. The Medical Center Director is to conduct all business consistent with VHA, VISN, and facility policies and regulations. As a member of the VISN 15,
Return to Table of Contents

resources for clinical care, research and education at the St. Louis VAMC are allocated by the Director, VISN 15.

Licensed Independent Practitioner (LIP)
Any individual permitted by law and by the organization to provide care, treatment, and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

Medical Center
The term "Medical Center" refers to the hospital campuses of the St. Louis VA Medical center. The Medical Center includes: John Cochran Division located at 915 N. Grand Avenue, St. Louis, Missouri 63106, Jefferson Barracks Division located at # 1 Jefferson Barracks Drive, St. Louis, Missouri 63125, Belleville VA Community Based Outpatient Clinic located in Belleville, Illinois 62223, St. Charles Community Based Outpatient Clinic located in St. Charles, Missouri 63304, Missouri Veterans Home Community Based Outpatient Clinic located at 10600 Lewis and Clark, St. Louis Missouri 63139.

Medical Record
The medical record is defined as any information relating to the patient. This includes but is not limited to, the inpatient and outpatient written record, radiograph reports, photographic studies, reports of special tests or pathology, and/or information stored on the Computerized Patient Record System (CPRS), or other patient related data bases of the St. Louis VAMC. Data concerning patients referred to St. Louis VAMC for care by other VA facilities is also available through the "Remote Data" function of CPRS.

Medical and Dental Staff
Individuals who are subject to the bylaws, rules, and regulations of the organized Medical and Dental Staff. The Medical and Dental Staff consists of, and is restricted to, fully licensed physicians, dentists, podiatrists, optometrists, psychologists and chiropractors who meet the legal requirements and current qualifications for Credentialing and Privileging of the VHA, and the St. Louis VAMC. All full-time, part-time, without compensation (WOC), intermittent, fee contract, and other physicians, dentists, podiatrists, optometrists, and psychologists who are employed in any other manner by the St. Louis VAMC, including its Community Based Outpatient Clinics, are covered by these Bylaws.

Medical and Dental Staff Bylaws
Regulations and/or rules adopted by the organized Medical and Dental Staff and the governing body of the St. Louis VAMC for the purpose of internal governance. The bylaws define the rights and obligations of various officers, persons, or groups within the organized Medical and Dental Staff's structure.

Organized Medical and Dental Staff
The governance structure of the Medical and Dental Staff, including the Medical and Dental Staff's bylaws, rules, and regulations which the Medical and Dental Staff endorses and to which it is subject. This structure is approved by the Director.
Return to Table of Contents

Physician Assistant (PA)
For the purposes of this document, PA refers to an individual possessing specialized education, training, certification, and/or license who practices medicine under the supervision of a duly appointed, credentialed, and privileged St. Louis VAMC physician. These individuals are credentialed, but not privileged, by the Medical and Dental Staff Office and are not considered members of the Medical and Dental Staff. They function under a Scope of Practice determined by state law, the supervising physician's delegation of responsibilities, the individual's education and experience, and the specialty and setting in which the individual works. PAs are governed by PA-PSB.

Practitioner
The term, as used in these Bylaws and Rules, refers to any individual employed by the St. Louis VAMC who is fully licensed or otherwise granted authority to practice in a state, territory, or commonwealth of the United States or District of Columbia. It can include physicians, dentists, podiatrists, optometrists, psychologists, physician assistants, nurse anesthetists, nurse practitioners, clinical nurse specialists, or other personnel who have been granted clinical privileges or for whom a scope of practice has been approved.

Primary Source
The original source of a specific credential that can verify the accuracy of a qualification reported by an individual health care practitioner. Examples include medical school, graduate medical education program, and state medical board.

Privileging
The process whereby a specific scope and content of patient care services (that is, clinical privileges) are authorized for a health care practitioner by the organization based on evaluation of the individual's credentials, peer evaluations, and performance.

Professional Standards Board (PSB)
The PSB is responsible for matters concerning the appointment, advancement, and probationary and for cause review of physicians, dentists, podiatrists, optometrists, and psychologists of the St. Louis VAMC. It reviews the initial privileges requested by each physician and makes recommendations concerning them to the MEB. It also is informed about the appointment, reappointment and scope of practice of Nurse Practitioners (NPs), Clinical Nurse Specialist (CNS) Certified Nurse Anesthetists (CRNAs) and Physician Assistants (PAs).

Reappraisal
Reappraisal occurs in conjunction with reprivileging and encompasses a review of pertinent quality and performance information for each St. Louis VAMC Medical and Dental Staff member. It may include, but is not limited to, quality and timeliness of

Return to Table of Contents

documentation, blood utilization, drug utilization, and the numbers and types of procedures performed, as well as morbidity and mortality outcomes. Reappraisal includes a review of peer references, and information obtained from other facilities where practice occurs, if applicable. Other pertinent quality assurance information may be requested to satisfy the MEB and the Director that the requested privileges should be granted.

Reprivileging
The process by which currently privileged Medical and Dental Staff members periodically have their facility specific privileges and pertinent quality/performance information reviewed for appropriateness to their practice, and for evaluation of their ability to carry out those privileges in the St. Louis VAMC. Reprivileging occurs no less frequently than every two years.

Rules
Rules refer to the specific rules set forth in this document that govern the Medical and Dental Staff of the St. Louis VAMC. It does not refer to formally promulgated VHA or Department of Veterans Affairs (DVA) Regulations.

Telemedicine
The use of medical information exchanged from one site to another via electronic communications for improving the health and education of the patient or health care provider and for improving patient care and access. The originating site is the site where the patient is located at the time of the service is provided. The distant site is the site where the practitioner providing the service is located.

St. Louis Veterans Administration Medical Center (St. Louis VAMC)
The term “St. Louis VA Medical Center” used in these Bylaws and Rules refers to the St. Louis VA Medical Center (John Cochran Division and Jefferson Barracks Division) and its Community Based Outpatient Clinics (Belleville, Missouri Veterans Home and St. Charles) established by the Governing Body.

St. Louis VAMC Director (Director)
The Director is appointed by the Governing Body to act as its agent in the overall management of the St. Louis VAMC. The Director is assisted by the Chief of Staff, the Associate Director, and the Associate Director for Patient Care.

Verification
Verification is defined as documentation of a specific source of primary education, training, licensure, or board certification either by letter, telephone, fax, computer printout, or listing in specific directories as provided in VHA Handbook 1100.19 and supplements thereto.

Reference: VHA Handbook 1100.19 http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357

[Return to Table of Contents]()

ARTICLE I: NAME

The name of this organization shall be the Medical and Dental Staff of the Department of Veterans Affairs, St. Louis VA Medical Center, St. Louis, Missouri

ARTICLE II: PURPOSE

The purpose of the Medical and Dental Staff shall be to:

1. Ensure that all eligible patients treated at the St. Louis VAMC receive the best possible health care through recruitment, appointment and retention of qualified staff and through the delivery of efficient, timely and appropriate care, that is subject to continuous performance improvement practices.

2. Ensure all eligible patients receive a comparable, high level of care.

3. Establish and assure adherence to ethical standards of professional practice and conduct.

4. Develop and adhere to facility specific procedures and policies for appointment to the Medical and Dental Staff and delineation of clinical privileges.

5. Provide educational activities that enhance the quality of care provided, continuous improvement of clinical practice and continuing education of members of the Medical and Dental Staff.

6. Ensure a high level of professional performance of practitioners through continuous performance improvement practices and appropriate delineation of clinical privileges.

7. Assist the Governing Body in developing and maintaining Rules for Medical and Dental Staff governance and oversight.

8. Provide a means whereby issues concerning the Medical and Dental Staff and the medical center may be discussed by the Medical and Dental Staff and the Medical Center Director.

9. Develop and implement continual performance improvement activities in collaboration with the staff of the facility.

10. Maintain an environment within which patient care, education and medical research can flourish.

References: VHA Manual M-1, Part I, Chapter 26 http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=795

Return to Table of Contents

ARTICLE III: MEDICAL AND DENTAL STAFF MEMBERSHIP

Section 1. Membership Eligibility

A. Categories of Medical and Dental Staff: St. Louis VAMC has one unified Medical and Dental Staff

1. Membership on the Medical and Dental Staff is a privilege extended only to, and continued for, licensed and professionally competent physicians, dentists, podiatrists, optometrists, psychologists, and chiropractors who consistently meet the qualifications, standards, and requirements of the DVA, VHA, VISN 15, St. Louis VAMC, and these Bylaws and Rules. Membership may be considered for other licensed practitioners upon recommendation of the MEB to the Medical and Dental Staff. Such practitioners must provide patient care services independently and meet the qualifications, standards, and requirements of VHA, the St. Louis VAMC, and these Bylaws and Rules.

2. Physicians, dentists, podiatrists, optometrists and psychologists, (excluding interns and residents) who are full-time, part-time, intermittent, consultant, without compensation, fee contract, or employed in any other manner by the medical center, will be eligible for membership.

3. Consultant physicians, whether with or without compensation, fee basis, contract and other physicians, dentists, podiatrists, optometrists, and psychologists, shall have the same responsibilities as full-time or part-time paid Medical and Dental Staff members, but may have a more limited degree of involvement in service on St. Louis VAMC committees. All, however, are considered members of the active Medical and Dental Staff.

4. The Medical and Dental Staff is organized under three categories:

    a. Category I Staff members who are employed by the St. Louis VAMC on a half time (4/8) or greater basis. Category I staff members are:
        i. Eligible to vote and serve on all Medical and Dental Staff committees.
        ii. Required to attend Medical and Dental Staff and service meetings unless formally excused,

    b. Category II: Staff members who are employed by the St. Louis VAMC on less than a half-time basis (4/8), but at least one-eighth (1/8) basis. Category II staff members:
        i. May serve on Medical and Dental Staff committees.
        ii. May attend and vote at Medical and Dental Staff meetings.
        iii. May attend service meetings at Associate Chief of Staff or Service Chief discretion.

Return to Table of Contents

iv. May not hold Medical and Dental Staff Office

c. Category III: Staff members who are consultants, attending, without compensation (WOC) staff, fee basis staff, medical officers of the day (MOD), and contract physicians. Category III staff members are:
   i. Encouraged, but not required, to attend Medical and Dental Staff and meetings
   ii. May not hold Medical and Dental Staff office.
   iii. May not vote at Medical and Dental Staff meetings.
   iv. May serve on Medical and Dental Staff committees.

5. Decisions regarding Medical and Dental Staff membership are made without discrimination as to race, color, religion, sex, national origin, sexual orientation, gender, lawful partisan political affiliation, marital status, physical or mental handicap when the individual is qualified to do the work, age, membership or non-membership in a labor organization, or on the basis of any other criteria unrelated to professional qualifications and ability to perform assigned work without compromise to patient care. Applicants will be considered if they qualify and are essential to the clinical care, education, and research needs of the VHA and the St. Louis VAMC.

6. The Medical and Dental Staff may, at any annual meeting by a two-thirds (2/3) vote, accept into Category III membership licensed individuals who have requested such consideration and who are permitted by laws to provide patient care services independently in a hospital setting

Section 2. Qualifications for Medical and Dental Staff Membership and Clinical Privileges

A. To qualify for Medical and Dental Staff membership and clinical privileges, individuals who meet the eligibility requirements identified in Section 1 of this Article must submit evidence of:

1. Current, full, and unrestricted license to practice the individual's profession in a state, territory, or commonwealth of the United States or the District of Columbia, as required by DVA employment, contracting, and utilization policies and procedures.

2. Education applicable to individual Medical and Dental Staff member, i.e., hold a degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Dental Surgery, Doctor of Dental Medicine, Doctor of Optometry, Doctor of Podiatric Medicine or Doctor of Psychology, or Doctor of Chiropractic from an approved college or university.

3. Relevant training and experience consistent with the individual's professional assignment and requested privileges. This includes any internships, residencies, fellowships, postgraduate, or specialty training, as confirmed by relevant Board or other certification.

4. Current competence, through peer and/or employer references, consistent with the individual's assignment and the privileges for which the individual is applying.

5. Health status consistent with the physical and mental capability necessary to satisfactorily perform the duties of the medical staff assignment and requested clinical privileges without compromise to patient care.

6. Satisfactory evidence relative to previous professional conduct.

7. Professional liability insurance as required by Federal and VHA regulations for those individuals providing services under contract.

8. English-language proficiency in written and spoken English language as defined and verified by testing (if necessary), pursuant to USH's Memorandum dated August 27, 1997

Section 3 Basic Responsibilities of Medical and Dental Staff Membership

A. Medical and Dental Staff members are accountable for and have responsibility to:

1. Provide continuous care for patients assigned or admitted in their area of expertise.

2. Observe Patients' Rights, as delineated in MCM 00-04(A-1) "Patient Rights and Responsibilities" and these Bylaws, in all patient care activities.

3. Participate in continuing education, peer review, Medical and Dental Staff monitoring and evaluation, and performance improvement activities.

4. Supervise housestaff and non-independent practitioners.

5. Participate in programs developed to maintain and improve the quality of patient care and assist in providing oversight for improving patient satisfaction.

B. All members of the Medical and Dental Staff will maintain standards of ethics and ethical relationships including a commitment to:

1. Abide by Federal law and DVA rules and regulations regarding financial conflict of interest and outside professional activities for remuneration. Medical and Dental Staff are subject to standards of ethical conduct; i.e., conflict of interest statutes, (18 U.S.C. 202-209, 216), regulations, (5 C.F.R. Part 2635), and Executive Orders (12674, 12731). These provisions are designed to ensure that Federal employees act in the best interests of their employer. These provisions concern the giving and accepting of gifts, conflicting financial interests, impartiality in performing official duties, seeking other employment, misuse of position, and outside activities. Medical

Return to Table of Contents

and Dental Staff members are encouraged to seek assistance and guidance from the Agency's ethics official and legal counsel, as appropriate.

2. Provide care to patients within the scope of privileges granted and advise the St. Louis VAMC Director through the Chief of Staff of changes in ability to fully meet the criteria for Medical and Dental Staff membership or carry out clinical privileges that have been granted.

3. Advise the St. Louis VAMC Director through the Chief of Staff of any challenge or claims against professional credentials, professional competence, or professional conduct within 30 days of notification of such occurrences, and the ultimate outcome of any challenge or claim consistent with requirements of Article IV, Section 2, of these Bylaws.

4. Abide by the Medical and Dental Staff Bylaws and Rules and all other lawful standards and policies of the St. Louis VAMC, VHA, and the DVA.

References:
VHA Handbook 1100.19, Credentialing & Privileging http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357
VHA IL 10-97-023 http://vaww.va.gov/publ/direc/health/infolet/109723.doc
VHA Manual M-1 Part 1, Chapter 26 http://vaww.va.gov/publ/direc/health/manual/010126.pdf
MCM 00-04 (A-1) Patient Rights & Responsibilities
5 CFR Part 2635 Standards of Ethical Conduct for Employees of the Executive Branch
http://www.access.gpo.gov/nara/cfr/waisidx_03/5cfr2635_03.html
VHA Directive 1660.3, Conflict of Interest in Contracting http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=396

ARTICLE IV: APPOINTMENT AND INITIAL CREDENTIALING

Section 1. General Provisions

A. All proposed members of the Medical and Dental Staff, as defined in Article III, Section 1, are subject to full credentials review by the PSB and approval by the MEB, and the Director, except as noted in Article IV, Section 4, Non-Standard Medical Appointments:

1. At the time of initial appointment to the Medical and Dental Staff, or

2. After a break in service of more than 15 days, except for approved extended medical or educational/sabbatical leave, following which only such credentials as ,may be subject to change will be reviewed on return to duty.

B. After PSB review and MEB approval and recommendation, as provided for in Section 3 of this Article, initial clinical privileges may be granted by the St. Louis VAMC Director for a period of no more than two years.

Return to Table of Contents

C. Appointments to the Medical and Dental Staff occur in conjunction with VA employment, a VA contract or sharing agreement, or appointment without compensation. The authority for these actions is based upon:

1. Provisions of 38 United States Code (USC) in accordance with the appropriate DVA Directives and its supplements, VHA Handbook 1100.19 and its supplements, and the applicable Agreement(s) of Affiliation in force at the time of appointment.

2. Federal law authorizing VHA to contract for health care services.

D. Probationary periods apply to initial and certain other appointments made under 38 USC 7401 (1), 7401(3), and, where applicable, 5 USC 3301. During the probationary period, professional competence, performance, and conduct will be closely evaluated under applicable VHA policies and procedures. If, during this period, the employee demonstrates an acceptable level of performance and conduct, the employee will successfully complete the probationary period. Associate Chiefs of Staff, Service Chiefs, supervisors, and managers will similarly evaluate individuals employed under the provisions of 38 USC 7405 and those utilized under contracts and sharing agreements.

E. Advance Practice Nurses (APNs) and Physician Assistants (PAs) and Clinical Pharmacists are not considered members of the Medical and Dental Staff but are credentialed in a manner that is equivalent to and consistent with the process by which Medical and Dental Staff members are credentialed and privileged. These individuals function under Scopes of Practice or Standardized Procedures and provide patient care and treatment under the supervision of a duly appointed, credentialed, and privileged St. Louis VAMC physician. APNs, with the exception of CRNAs, are evaluated and governed by the NPSB. PAs CRNAs, and Clinical Pharmacists are evaluated and governed by the PSB. Both groups of practitioners are held to the same professional standards of patient care, ethics, and conduct as members of the Medical and Dental Staff.

Section 2. Application Procedures

A. Applicants for appointment are required to submit, on forms approved by the VHA and/or the St. Louis VAMC, a signed Release of Information that allows inquiry about issues pertinent to the matters contained in an Application for Employment (see 1-9, below). Applicants for membership to the Medical and Dental Staff, as well as APNs PAs, and PharmDs are also required to submit their professional credentials information electronically through the Federal Credentialing Program (VetPro). All information is subject to primary source verification and required clearances before credentialing is considered complete.

1. Items specified in Article III, Section 2, of these Bylaws, Qualifications for Medical and Dental Staff membership including:

Return to Table of Contents

a. Active, current, full and unrestricted license
b. Education
c. Relevant training and/or experience
d. Current clinical privileges held elsewhere (if applicable)
e. Physical and mental health status
f. English language proficiency
g. Professional liability insurance
h. Board certification

2. U.S. Citizenship. When it is not possible to recruit qualified citizens, practitioners otherwise eligible for Medical and Dental Staff appointment, who are not citizens, will be eligible for consideration for appointment if current visa status and documentation from the Immigration and Naturalization Service or employment authorization can be provided, pursuant to qualifications as outlined in 38 USC7405 and appropriate VHA Directives.

3. Names and addresses of a minimum of three individuals qualified to provide authoritative reference information regarding education and relevant training and experience, ability and current competence, health status, and/or fulfillment of obligations as a Medical and Dental Staff member within the privileges requested. This may include assessment of proficiency in the following six areas of general competencies (Patient Care, Medical/Clinical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice. At least one reference must be provided by the current or most recent employer(s) or institution(s) where clinical privileges are/were held. In the case of individuals just completing residency or fellowship programs, one reference must be from their Program Director.

4. A list of all health care institutions where the practitioner is/has been appointed, utilized, or employed, including:

a. Name of health care institution
b. Term of appointment or employment
c. Privileges held and any disciplinary actions taken against the privileges, including suspension, revocation, limitations, or voluntary surrender.

5. Drug Enforcement Administration (DEA) Registration if currently or previously held, and any previously successful or currently pending challenges to the DEA Registration or the voluntary relinquishment of such Registration.

6. Any challenge to any license held by the practitioner, including whether a license or registration ever held by the practitioner to practice any health occupation has been suspended, revoked, voluntarily surrendered, or not renewed.

7. Tort information. All information possible should be provided, but, at a minimum, final judgments or settlements or professional liability action(s) and information

Return to Table of Contents

regarding reports to the National Practitioner Data Bank (NPDB) and the Health Integrity and Protection Data Bank (HIPDB) are required.

8. Voluntary or involuntary termination of Medical and Dental Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another health care facility.

9. Pending challenges against the practitioner by any hospital, licensing board, law enforcement agency, the U.S. Government, or professional group or society.

B. Documents required, or which may be requested, in addition to the information or documents listed above include:

1. A copy of current or most recent clinical privileges held, if applicable.

2. Verification of the status of licenses for all states in which the applicant has ever held a license.

3. For foreign medical graduates, evidence and verification of the Educational Commission of Foreign Medical Graduates (ECFMG) Certificate.

4. Evidence and verification of all board certification(s), if claimed.

5. Verification of education credentials used to qualify for appointment (and privileges) including all postgraduate training.

6. Query by St. Louis VAMC to NPDB, HIPDB, and Federation of State Medical Boards, and the Exclusionary List of the Office of the inspector General.

7. Confirmation of health status.

8. A signed agreement to abide by these Bylaws and Rules and to provide patient care in the applicant's area of expertise in keeping with his/her privileges (not applicable to APNs, PAs, or Clinical Pharmacists).

9. Acknowledgement of receipt of Bylaws and employee information on safety and training as well as procedures to follow in the event of an internal and external emergency.

10. Photo identification issued by a state or federal or other governmental authority (e.g. Driver's License or passport).

C. The applicant has the burden of obtaining and producing, upon request, all needed information for proper evaluation of professional competence, character, ethics, and other qualifications required for appointment to the Medical and Dental Staff. The information must be complete and verifiable. The applicant is responsible for furnishing

Return to Table of Contents

information that will help resolve any doubts concerning such qualifications. Failure to provide such information in a timely fashion generally not to exceed 30 days may serve as a basis for denial of Medical and Dental Staff membership.

Section 3. Process and Terms of Appointment

A. The Associate Chief of Staff or Service Chief to whom an applicant will be assigned is responsible for recommending appointment to the Medical and Dental Staff, based on evaluation of the applicant's credentials and a determination that service criteria for clinical privileges are met.

B. The PSB serves as a peer review board and examines the application in detail. Reasons for all decisions by the PSB will be documented in the minutes of the PSB. The PSB minutes are considered Quality Assurance Information and are privileged. The PSB will examine:

1. The application and three letters of reference concerning the status of professional qualification, licensure, hospital staff appointments, professional liabilities and pertinent health information.

2. The Associate Chief of Staff or Service Chief recommendation concerning the clinical privileges to be granted if approved.

3. Whether the applicant has established and meets all of the necessary qualification for eligibility to an appointment in the VHA of the DVA, and for appointment to the Medical and Dental Staff of the St. Louis VAMC.

4. The PSB will submit in writing its conclusion and recommendations no later than its next scheduled meeting consisting of one of the following:

    a. Approval: The recommendation is forwarded to MEB.
    b. Disapproval: the application is returned to the Associate Chief of Staff or Service Chief with written specific reason for disapproval.
    c. Deferred: With a specific request for additional information within thirty (30) days.

C. The MEB reviews and acts on the PSB report, recommending Medical and Dental Staff appointments of physicians, dentists, podiatrists, optometrists and psychologists to the St. Louis VAMC Director if all requirements are met. The PSB will submit in writing, it conclusion and recommendations no later than its next scheduled meeting, consisting of one of he following:

a. Approval: The recommendation is forwarded to Director.
b. Disapproval: the application is returned to the PSB with written specific reason for disapproval.

Return to Table of Contents

c. Deferred: With a specific request for additional information within thirty (30)days.

D. The Director will act upon Appointments to the Medical and Dental Staff within 45 days of receipt of a fully complete application, including all required verifications, references, and recommendations from the appropriate Associate Chief of Staff or Service Chief the PSB, or other relevant Standards Boards, and the MEB.

a. Approval: The applicant, Associate Chief of Staff or Service Chief, MEB and Chief of Staff are notified.
b. Disapproval: the application is returned to the MEB with written specific reason for disapproval.
c. Deferred: With a specific request for additional information within thirty (30)days.

E. Appointments of PAs, CRNAs, and Clinical Pharmacists are based on recommendations of relevant VHA appointed Standards Boards in conjunction with the MEB. In an equivalent process, results of the NPSB as relates to the practice of all other APNs are reported to, but not acted upon by the MEB.

F. Candidates for appointment who have submitted complete applications as defined by these Bylaws will receive written notice of appointment or non-appointment. If an appointment is not approved, the reason(s) for denial will be provided, as described in Article VII, Section 1 of these Bylaws.

Section 4. Non-Standard Medical Appointments

A. Expedited Medical and Dental Staff Appointment

1. Per VHA Directive 2002-076, upon receipt of a complete VetPro application for appointment, a one-time-only expedited initial Medical and Dental Staff appointment may be granted on a “clean and green” application. The MEB delegates the authority to render this decision to the PSB. The full membership of the MEB will review all actions taken by the subcommittee and ratify all positive committee decisions when verifications are complete. If the committee’s decision is adverse to the applicant or if circumstances warrant, the matter under consideration will be referred to the full MEB for evaluation and determination of appropriate action. Verification of the following core criteria is essential to the expedited process:

a. Current licensure
b. Relevant education and training
c. Certifications, if applicable
d. Two peer references
e. Current competence in General Competencies
f. Ability to perform the privileges requested.

Return to Table of Contents

2. Ineligible applications for the expedited appointment include:

f. Current or previous challenge to licensure or registration
g. Involuntary termination of medical staff membership by another organization
h. Involuntary limitation, reduction, denial or loss of clinical privileges or
i. Unusual pattern of or an excessive number of professional liability actions resulting in a final judgment against the applicant,

B. Disaster Medical and Dental Staff Privileges/Appointment

1. Any physician, dentist, podiatrist, optometrist, or psychologist may voluntarily provide patient care in a disaster situation regardless of whether he/she has privileges or membership at St. Louis VAMC, so long as he/she is granted disaster privileges prior to providing patient care on a case by case basis in accordance with the needs of the organization and its patients and on the qualifications of its volunteer practitioners. In circumstances of internal or external disaster(s) in which the emergency management plan has been activated, the St. Louis VAMC Director or the Chief of Staff or designee(s) may grant disaster privileges. Granting of disaster privileges will include review by the Disaster Privileging Coordinator (employee of the Medical and Dental Staff Office unless otherwise designated by the Chief of Staff or Director) of:

a. Evidence of current license to practice AND
b. Current hospital picture identification that clearly identifies professional designation AND
c. Photo identification issued by the state or other governmental authority (e.g., Driver's License or passport)
d. Verification of the volunteer practitioner's identity by a current hospital or Medical and Dental Staff member
e. A list of current hospital affiliations where the individual holds current privileges
f. A NPDB inquiry, if communication is possible
g. Practitioners who are authorized by a local, state, or Federal agency to respond during a disaster may be utilized pending presentation of documents attesting to such authority. (Such as Disaster Medical Assistance Team or Medical Reserves Corps or Emergency Systems for Advance Registration of Volunteer Health Processions Program)

2. The practitioner will be required to practice under the supervision of a designated member of the Medical and Dental Staff whose privileges at a minimum include the disaster privileges granted to the practitioner. Prior to providing care oversight of the professional performance of the volunteer practitioner will be determined by the Chief of Staff or designee.

Return to Table of Contents

3. Primary source verification of licensure will be obtained as soon as possible and is completed within 72 hours of the volunteer practitioner presenting to the organization.

4. The Chief of Staff or designee will make a decision within 72 hours as to the continuation of the disaster privileges initially granted. Information obtained regarding the professional practice of the volunteer practitioner will be used.

5. Disaster privileges will be granted for ten days or for the duration of the disaster or emergency situation, whichever is shorter, or until communication is established, and the provider can be converted to a nonstandard appointment for urgent patient care needs.

6. Upon termination of the disaster, the provider will submit a complete application and full credentialing will be accomplished within 120 days in order to determine if any follow-up is required.

7. During an emergency, a physician, dentist, or other licensed practitioner may present himself/herself to the St. Louis VAMC. Staff, particularly nurses, clerks, doctors, and Human Resource (HR) employees should be alerted to direct such professionals to the person designated in these rules as the Disaster Privileging Coordinator. The hospital representative will record the date, time, and request for emergency privileges. To the extent possible, Associate Chief of Staff will be consulted as to the type of privileges the individual should be permitted. The St. Louis VAMC Disaster Privileging Coordinator will make every effort to immediately contact:

   a. The facility, clinic, or group identified to verify practice and standing.
   b. The State Professional Licensing Board to verify license and standing and the HIPDB and NPDB.

8. A physician, dentist, or other practitioner's privileges will be rescinded immediately by the Chief of Staff or his/her designee in the event any information or observation suggests the person is not capable of rendering necessary emergency services. There will be no rights to a hearing or review in the event a physician's, dentist's, or licensed independent practitioner's disaster privileges are terminated, regardless of the reason for the termination.

C. Emergency Privileges

Emergency care may be provided by any individual who is a member of the Medical and Dental Staff to save a patient's life or protect a patient from serious harm. Emergency care may also be provided by properly supervised members of the housestaff.

References:
Credentialing and Privileging/Scope of VHA Handbook 1100.19, Credentialing and Privileging
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357
Return to Table of Contents

VHA Directive 2003-014, VHA Requirement to Query the Federation of State Medical Boards, http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=237
MCM 11-44 Credentialing Medical Staff in the Event of a Disaster

---

ARTICLE V: CLINICAL PRIVILEGES

Section 1. General Provisions

A. Specific clinical privileges will be granted to each member of the Medical and Dental Staff by the Director, provided all other criteria in these Bylaws are met, for a period of no more than two years.

B. Requirements and processes for requesting and granting privileges are the same for all practitioners who hold privileges regardless of the type of appointment or utilization authority under which they function, their professional discipline, or position.

C. Practitioners with clinical privileges are assigned to and have clinical privileges in one clinical department/service. They may be granted clinical privileges in another clinical department/service if approved by the Associate Chief of Staff or Service Chief.

D. Exercise of clinical privileges within any service is subject to the rules of the service and the authority of the Associate Chief of Staff or Service Chief.

E. Telemedicine Services provided by Licensed Independent Practitioners through telemedicine link will be determined by the Associate Chief of Staff or Service Chief in conjunction with the originating site to meet clinical needs and that can be supplied via a telemedicine line. The clinical and interpretive services offered will be consistent with commonly acceptable standards. Telemedicine privileges will be granted specific to the services provided by a telemedicine link. A practitioner performance of clinical services provided by telemedicine link will be evaluated as part of the reappraisal conducted at the time of reappointment or renewal of revision of clinical privileges.

Section 2. Process and Requirements for Requesting Clinical Privileges

A. The practitioner must meet the same requirements in this section regarding the burden of proof as is required in Article IV, Section 2. C. For the purposes of this section, the practitioner is responsible for furnishing information that will help resolve any doubts concerning such qualification within 45 days. Failure to receive required information in 45 days may serve as a basis for denying clinical privileges.

B. All practitioner applications for clinical privileges must be made in writing and include all the privileges requested in the specialty and/or sub-specialty for which privileges are requested, in a format which has been approved by the Medical and Dental Staff, or by the MEB acting on behalf of the whole Medical and Dental Staff. The privilege format

may include categories or levels of care, or may list specific care activities, or may be a combination of both.

C. A practitioner applying for initial clinical privileges must submit a complete application for privileges that will include:

1. Complete appointment information as outlined in Article IV, Section 2.
2. An application for clinical privileges as specified in paragraph 2. B, above.

D. Prior to the granting of clinical privileges or reprivileging, Medical and Dental Staff members, will pledge to provide continuous and appropriate care for their patients and will receive a copy of the Bylaws and Rules, or a web link to the St. Louis VAMC Intranet website, and agree to abide by the professional obligations as well as the VA employee obligations (e.g., annual mandatory training), contained therein.

E. Verification of credentials prior to granting of initial privileges will be accomplished as described in Article IV, "Appointment and Initial Credentialing."

Section 3. Credentials: Evaluation and Maintenance

A. A determination will be made, based on evaluation of all credentials, peer recommendations, and available quality of care information, that the practitioner applying for clinical privileges has demonstrated current competence of Medical/Clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism, to practice within the clinical privileges requested.

B. The credential office will verify, through primary sources, all credentials and employment claimed. A good faith effort to verify credentials is defined as an initial request and, if no response, one follow-up request within 30 days. All institutions where an individual received professional education; where residencies, fellowships, and other training was performed; and where professional employment took place during the last five years (minimum), will be contacted. Verification may be either telephonic or written.

C. A Credentialing and Privileging Record will be established and maintained for each practitioner requesting privileges. All folders (electronic and hard copy) will be the responsibility of the Chief of Staff and will contain all documents relevant to credentialing and privileging. At any time that a folder is found to lack required documentation for any reason, an effort will be made to obtain the documentation. When it is not possible to obtain documentation, an entry will be placed in the folder stating the reason. The entry will also detail the effort made to obtain the information, the date, and the signature of the individual responsible for the effort.

Section 4. Recommendations and Approval

A. Peer recommendations for privileges will be obtained from individuals who can provide authoritative information regarding the training and experience, clinical competence, conduct, and health status of the individual practitioner.

B. The Associate Chief of Staff or Service Chief, to whose service the applicant for clinical privileges is assigned, is responsible for assessing all information and recommending to the PSB action concerning the clinical privileges. In the case of initial privileges, the recommendation by the Associate Chief of Staff or Service Chief will be based on the determination that the applicant meets the criteria for employment and for specific clinical privileges in the service, including requirements regarding education, training, experience, references, and health status.

C. The PSB, upon Associate Chief of Staff or Service Chief's recommendation, renews and recommends action on the clinical privileges based on each applicant's fulfillment of the requirements for clinical privileges as specified in these Bylaws.

D. The MEB, upon PSB recommendation, renews and recommends action on the clinical privileges based the detailed examination of the PSB.

E. The Director, upon MEB recommendation, approves or disapproves the clinical privileges

F. Initial clinical privileges are acted upon by the Director and granted within 45 days of receipt of a fully completed application for clinical privileges that includes all requirements set forth in Article IV and Article V.

G. The original signed clinical privilege document indicating privileges granted will be placed in the practitioner's Credentialing and Privileging folder. Copies will be distributed to the practitioner and. Associate Chief of Staff or Service Chief. MCM 11-45 "Setting Specific Privileges and Performance of Procedures" governs the location where each privilege may be performed in the facility and its community clinics. Specific areas, such as the operating room, urgent care clinic, intensive care units, interventional radiology suite, and other appropriate sites will have access to privileging information so that appropriate staff in those areas may determine if a practitioner is privileged to practice or undertake specific operative or other invasive procedures which might be conducted in such areas.

Return to Table of Contents

ARTICLE VI: REAPPRAISAL AND REPRIVILEGING

Section 1. General Provisions

A. All members of the Medical and Dental Staff are required to have their St. Louis VAMC specific privileges reviewed at least every two years from the time of initial appointment. The MEB will recommend to the Director specific requested privileges that shall be renewed for a period of no more than two years.

B. Biennial reappraisal of each Medical and Dental Staff member, or any other practitioner holding clinical privileges, is required. (In an equivalent process, biennial reappraisal of APNs,PAs, and Clinical Pharmacists will be managed by the appropriate professional standards board and reported to MEB as information only.) Reappraisal includes a review of clinical performance, conduct, an evaluation of the individual's physical and mental status, and review of the individual's current St. Louis VAMC specific privileges. It also requires demonstration of satisfactory completion of sufficient continuing medical education (CME/CEU) to satisfy criteria used by the appointing Associate Chief of Staff or Service Chief which will be no less than that required for license renewal in the state in which licensed but no less than 50 hours every two years, as well as, St. Louis VAMC-specific mandatory training. An Associate Chief of Staff or Service Chief can initiate reappraisal when he/she receives a request from a practitioner for new and/or renewed clinical privileges or amendment(s) to current privileges.

C. Failure to comply in a timely manner with requests for documents to support reprivileging, confirm current license, St. Louis VAMC mandatory training, or to provide evidence of sufficient appropriate CME/CEU may result in suspension of privileges or termination of appointment.

D. The practitioner applying for clinical privileges subsequent to those granted initially (i.e., reprivileging) will provide the following information:

1. Updated credentials information in VetPro as outlined in Article IV, Section 2, including a new application for privileges that may have additions or deletions to the existing clinical privileges on file with the Medical and Dental Staff Office. Practitioners are encouraged to consider carefully and discuss the appropriateness of setting-specific privileges with their Associate Chief of Staff or Service Chief prior to the formal submission of their request. Information regarding professional training and/or experience not previously submitted is requested at this time.

2. Re-certification of physical and mental health status as it relates to ability to function within the privileges requested, including such reasonable evidence of health status as may be required by the MEB.

Return to Table of Contents

3. Documentation of CME/CEU related to the area and scope of clinical privileges consistent with minimum state requirements (see Article VI, Section 1.B. above).

4. Documentation of completion of all DVA, VHA, and ST. LOUIS VAMC mandatory training (including, but not limited to, training related to Privacy Act, Compliance, Ethics, Spinal Cord Injury Care, Safety, Prevention of Sexual Harassment, Customer Service, etc., as appropriate).

5. Status of all licenses, registrations, and certifications held.

6. Documentation regarding any sanction(s) by a hospital, state licensing agency, or other professional health care organization; voluntary or involuntary relinquishment of license or registration; and any malpractice claims, suits, or settlements, particularly information concerning final judgments or settlements. A copy of privileges and the reporting of any reduction or loss of privileges at any other hospital must also be submitted within 15 days of an adverse action.

7. The names of other hospitals at which privileges are held and copies of those privileges, if requested.

8. In the case of clinical privileges subsequent to those granted initially, recommendation for approval will be based, at a minimum, on reappraisal of the physical and mental health status, peer recommendations, continuing education, professional performance, judgment, and clinical and/or technical skills. Additionally, the quality of care provided, as monitored and evaluated through activities such as surgical and invasive procedure review, conscious sedation review, drug usage evaluation, medical record review, blood usage review, pharmacy and therapeutic review, evaluation of quality and performance, appropriateness of clinical aspects of patient treatment, risk management activities, and morbidity and mortality data, when available may be considered.

9. Renewal of privileges by the Director will be acted upon no later than 15 days from the time of MEB recommendation as documented by signature of the Chief of Staff.

Section 2. Amendment to Current Privileges

A. If a member of the Medical and Dental Staff wishes to request amendment to the clinical privileges currently granted, such request for modification/enhancement of existing privileges must be made by submitting a formal amendment request describing the desired change(s). The amendment(s) or enhancement(s) must be requested through the appropriate Associate Chief of Staff or Service Chief, the Chief of Staff, and granted by the Director. The amendment request will be accompanied by:

Return to Table of Contents

1. Full documentation to support the amendments/enhancements, such as documentation of training or practice which demonstrates competence in the privilege(s) requested; or

2. Letter(s) of reference from peers who have trained, witnessed the training, or can otherwise attest to the requestor's proficiency in the area being amended.

3. Such amendments will be added by the Medical Staff Office to the Service/Section-specific privilege document, which will be remanded to MEB at its next scheduled meeting for ratification.

References:
VHA Handbook 1100.18, Reporting And Responding To State Licensing Boards
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1364
VHA Directive 2002-076, Expedited Medical and Dental Staff Appointment Process
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=222
MCM 11-45 "Setting Specific Privileges and Performance of Procedures
MCM 11- 43 Credentialing of Allied Health Professional

Return to Table of Contents

ARTICLE VII: FAIR HEARING AND APPELLATE REVIEW

Section 1. Denial of Medical and Dental Staff Appointment

When review of credentials and recommendations contained in a complete application result in denial of appointment, an applicant will be notified by letter from the chairperson of the PSB, Chief of Staff, if appropriate, by the chair of the MEB. The notification will briefly state the basis for the action. Those who may hold privileges but not membership on the Medical and Dental Staff will be afforded the same review provided in this Article as those who are members.

Section 2. Actions Against Clinical Privileges

A. Reduction of privileges may include restricting or prohibiting performance of selected specific procedures, or prescribing and/or dispensing controlled substances. Reduction of privileges may be time limited and/or have restoration contingent upon some condition, such as demonstration of recovery from a medically disabling condition or further training in a particular area. Revocation of privileges refers to the permanent loss of clinical privileges. If it becomes necessary to formally reduce or revoke clinical privileges based on deficiencies in professional performance, the procedures outlined in VHA Handbook 1100.19, Credentialing and Privileging, must be followed pursuant to the requirements. When recommendations regarding clinical privileges are adverse to the applicant including, but not limited to, reduction or revocation of privileges, procedures in VHA policy on credentialing and privileging of physicians, dentists, podiatrists, optometrists, and psychologists will be followed.

B. Procedure to reduce and revoke clinical privileges identified within VHA Handbook 1100.19, “Credentialing and Privileging” are also applicable to the privileges held by the Chief of Staff. All responsibilities normally assumed by the Chief of Staff during the reduction or revocation process will be assigned to an appropriate practitioner who serves as Acting Chair of the Medical Executive Board. The Chief of Staff may appeal the Director’s decision regarding the reduction of privileges decision to the VISN Director just as all practitioners may appeal such decisions.

C. The Medical and Dental Staff, through action by the MEB, may institute counseling, proctoring, mandatory Continuing Medical Education or additional training when any member fails to comply with reasonable expectations concerning professional conduct, ethics, patient care, VHA, VA, or St. Louis VAMC directives, or performance improvement activities. The Director, Chief of Staff, or Associate Chief of Staff or Service Chief reserve the right to detail or reassign temporarily a member to non-patient care activities, thus suspending clinical privileges for the period during which any proposed reduction of privileges, revocation of privileges or discharge proceedings is

Return to Table of Contents

pending. Actions taken to suspend clinical privileges will be submitted to the MEB for review. It should be understood that the mere completion of any of the above processes without additional evidence of improvement in performance as measured by peer review will not automatically result in restoration of privileges.

D. It is the policy of St. Louis VAMC to maintain a constructive, efficient work environment in which both management and employees recognize and carry out their responsibilities. Necessary disciplinary or adverse action is taken without regard to marital status, political affiliation, race, color, religion, sex, national origin, or age. Adverse action based on an employee's medical condition is not taken when the employee can perform assigned duties. Disciplinary or adverse action is taken only when necessary and then promptly and equitably. The purpose of discipline is to correct an employee's conduct and behavior. Penalties must not be disproportionate to offenses and are applied as consistently as possible, considering the particular circumstances surrounding the cause for disciplinary action. Disciplinary and performance based privilege changes are undertaken after due process procedures are exhausted, consistent with guidance outlined in VHA Handbook 1100.19, and supplements thereto, and regulations regarding the HIPDB relevant to credentialing and privileging of physicians, dentists, podiatrists, optometrists, psychologists, and chiropractors.

E. There is a mechanism for a fair hearing and appeal process for addressing adverse decisions regarding reappointment, denial, reduction, suspension, limitation, or revocation of clinical privileges. The affected practitioner will receive written notification of the proposed action and be allowed to respond in writing. The Director will utilize the PSB or appoint a review panel of professionals to conduct a review and hearing. The PSB or panel will provide a report and recommendations to the Director for decision. The practitioner may appeal a decision by the Director to the VISN Director. The decision of the VISN Director is not subject to further appeal. Further regulations regarding fair hearing and appeal processes are contained in VHA Handbook 1100.19, "Credentialing and Privileging."

F. Separation of a member from the Medical and Dental Staff, denial of Staff appointments, appeals, and grievances will be governed by VHA regulations.

G. Clinical privileges of a member of the Medical and Dental Staff may be suspended for major or intractable delinquencies of medical records or for failure to meet other professional obligations, including mandatory education/training.

Section 3. Reporting Adverse Actions

A. In the event a terminated health care professional is deemed to have significantly failed to conform to generally accepted standards of clinical professional practice during employment in such a way as to raise a reasonable concern for the safety of patients, he/she should be reported by the Chief of Staff through the Director to the appropriate

state licensing authority and the office of the Medical Inspector of the DVA consistent with provisions of M-2, Pt I, Ch. 34. Disclosure of information to state licensing boards regarding practitioners separated from VA service will be completed under the provisions of M-2, Part I, Chapter 34 and subsequent changes thereto.

B. Disclosure of information to the NPDB and the HIPDB, through state licensing boards, regarding adverse action against clinical privileges that are in effect for more than 30 days, will follow provisions of VHA Handbook 1100.17, National Practitioner Data Bank Reports, and supplements thereto.

Section 4. Reporting Malpractice Payments

Disclosure of information regarding malpractice payments will follow provisions of VHA Policy on reports to the NPDB as required by VHA Handbook 1100.17 and supplements thereto. Reports to the HIPDB will be made in accordance with current VHA policy.

Section 5. Focused Review of Practitioner's Performance

The focused review process is accomplished through peer review. The appropriate Associate Chief of Staff/Service Chief oversees the Service peer review process. External peer review will be requested when insufficient internal staff are available to conduct an equitable review, when concern exists regarding impartiality of the Associate Chief of Staff/Service Chief in his/her review, or for cause. The individual practitioner, the Associate Chief of Staff/Service Chief the PSB, the Chief of Staff, or the MEB may request appointment of external peers by the Director to address practitioner performance in relation to peers. A report will be requested from the reviewer(s), which will be forwarded to the PSB for recommendation(s) for action. The PSB recommendations will then be reviewed by the MEB (in a closed session of Medical and Dental Staff members only) and its decision forwarded to the Director for final action. MCM 00-65 "Peer Review for Quality Management" outlines the peer review process.

Section 6. Suspensions

A. Disciplinary and adverse action(s) undertaken in regard to a member of the Medical and Dental Staff will be governed by VHA regulations.

B. Summary Suspension

1. Summary Suspension of privileges on a temporary basis may be made by the Director, on the recommendation of the Chief of Staff, pending the outcome of a formal action or investigation when there is sufficient concern regarding patient safety or inappropriate practice patterns, consistent with the requirements in VHA regulations on Credentialing and Privileging. The summary suspension pending investigation is not reported to the NPDB. Final action arising from the investigation following summary suspension that adversely affects privileges for a period longer

than 30 days is reportable to the NPDB. The involved practitioner will receive notice from the Director and the Chief of Staff that privileges are summarily suspended. The practitioner will be temporarily reassigned to an administrative position or placed on administrative leave.

2. The Chief of Staff will initiate a timely investigation. An Administrative Board of Investigation, a Summary Review Board (conducted by the PSB), or a Physical Standards Board may conduct the investigation, depending upon the reported concerns. If the findings of the investigation support the charges, appropriate disciplinary action will be taken. If findings of the investigation do not support the charges, the practitioner will be returned to full privileges. Indications for summary suspension of clinical privileges include, but are not limited to, the following:

a. Significant deficiencies in clinical practice such as lack of diagnostic or treatment capability; multiple errors in transcribing, administering or documenting medications, inability to perform clinical procedures considered basic to the performance of one's occupation or performing procedures not included in one's clinical privileges in other than emergency situations
b. Patient neglect or abandonment
c. Mental health impairment sufficient to cause the individual to make judgment errors affecting patient safety, to behave inappropriately in the patient care environment or to provide unsafe patient care
d. Physical health impairment sufficient to cause the individual to provide unsafe patient care
e. Substance abuse when it affects the individual's ability to perform appropriately as a health care provider or in the patient care environment
f. Falsification of credentials
g. Falsification of medical records or prescriptions
h. Theft of drugs
i. Inappropriate dispensing of drugs
j. Unethical behavior or moral turpitude (such as sexual misconduct toward any patient involved in VA health care)
k. Patient abuse, including mental, physical, sexual, and verbal abuse, and including any action or behavior that conflicts with a patient's rights identified in Title 38, Code of Federal Regulations (CFR); intentional omission of care; willful violations of a patient's privacy; willful physical injury, or intimidation, harassment or ridicule of a patient.
l. Falsification of research findings, regardless of where the research was carried out or the funding source as long as involved in some aspect of operations of the VA

3. Care of Suspended Individual's Patients:

a. Immediately upon the imposition of a suspension, the appropriate, Associate Chief of Staff or, in his/her absence, the Chief of Staff, shall assign to another individual with appropriate clinical privileges, responsibility for care of the

suspended individual's patients (both inpatients and outpatients). The wishes of the patient shall be considered in the selection of a provider. It shall be the duty of the Chief of Staff and the Associate Chief of Staff to cooperate with the Director in enforcing all suspensions.

4. When suspension as a disciplinary action is being considered, legal counsel will be consulted. Legal counsel should be sought early, when the performance of a member of the Medical and Dental Staff is such that, in the opinion of the Chief of Staff or a higher level supervisor, the Staff member's continued exercise of clinical privileges would likely lead to serious harm to the patients under his/her care.

C. Automatic Suspension

1. Automatic suspension of clinical privileges shall occur whenever a license (or equivalent legal credential) of a Medical and Dental Staff member is revoked or restricted, or the individual fails to renew his/her license prior to expiration, or fails to submit documents (such as cases performed at other institutions, if requested) or to complete mandatory training or continuing education requirements in a timely fashion. The automatic suspension shall be for the same time period that such license (or equivalent legal credential) is suspended, or other appropriate action is concluded, as required. After 29 days, the individual may request termination of his/her appointment. If no such request is received, the practitioner will be suspended and, after 30 more days, reported to the appropriate state licensing board as required. During such a suspension, the practitioner, if paid by St. Louis VAMC, will be placed on leave without pay. No right to a hearing or appellate review exists under these conditions.

D. Involuntary Separation of Employees

1. In effecting involuntary separations of employees serving under 38 U.S.C., 7405, the procedural requirements prescribed for separations, such as reviews by the PSB or Disciplinary Board, do not apply.

2. Although not required, employees should, where feasible, be given such advance notice of separation as determined appropriate by the approving official.

3. The employee will not be entitled to a review of the involuntary separation.

4. The provisions of VHA Handbook 1100.18, relating to reporting to State licensing boards and license monitoring entities, will govern St. Louis VAMC's actions related to reporting such occurrence to the appropriate State licensing board.

Section 7. Termination of Appointment

A. Termination of Medical and Dental Staff appointments will be accomplished by following procedures set forth in appropriate VHA Directives, and for contract

employees in Federal and VA acquisition regulations, and/or where appropriate, in relevant VHA Directives.

B. Termination of appointments of paid consultants, contract attendings, WOC, and fee basis staff, in accordance with VA Handbook 5005, shall occur on the date specified in any time-limited appointment or at the discretion of the Director when the services of such personnel are no longer needed. Whenever possible, advance notice of termination will be given.

References:
VHA Manual M-2, Part 1, Chapter 34 http://vaww.va.gov/publ/direc/health/manual/020134.DOC
38 USC, Secs. 3401, 7462, 7403, 7464
VHA Manual M-1, Part I, Chapter 26, Change 101 http://vaww.va.gov/publ/direc/health/manual/010126.pdf
VHA Handbook 1100.19, Credentialing and Privileging http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357
VHA Handbook 1100.18, Reporting and Responding to State Licensing Boards
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1364
VHA Handbook 1100.17, National Practitioner Databank Reports
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1120
VA Handbook 5005, Staffing: http://vaww.va.gov/hrdirectives/Dir_Hnbks/5005.doc

---

ARTICLE VIII: ORGANIZATION OF THE MEDICAL AND DENTAL STAFF

Section 1. Officers

A. The elected Officers of the Medical and Dental Staff shall be a Secretary, Secretary-Elect and Treasurer.

B. A Secretary-Elect and Treasurer shall be elected by a written ballot every two (2) years at the regularly scheduled annual meetings of the Medical and Dental Staff. The Secretary-Elect and Treasurer shall serve until thirty (30) days following the second annual meeting after their election.

C. Recall. A recall election must be held within thirty (30) days of presentation of a request for recall, signed by twenty-five (25) percent of Category I and II members of the Medical and Dental Staff to the Bylaws and Nominations Committee. Seventy-five (75) percent of Category I and II members must approve the removal of an elected officer.

D. Terms of office. The Secretary of the Medical and Dental Staff shall serve for no longer than two (2) consecutive years, except as noted below. The Secretary-Elect shall succeed the Secretary. The Secretary-Elect shall complete the term of a Secretary unable to serve a full term, and will then continue as Secretary for a full two-year term, provided the member does not serve more than three (3) consecutive years as Secretary. In the latter circumstance, the Medical and Dental Staff will select a replacement secretary at the second annual meeting following succession of the Secretary-Elect to the office of Secretary. A Medical and Dental Staff member shall serve as Treasurer for no longer than four (4) consecutive years. The Treasurer shall

complete the term of a Secretary-Elect who is unable to complete a full term.

E. Filling Vacancies. Vacancies will be filled by the. Elected Members of the Medical and Dental Staff. The appointee(s) will serve the uncompleted term of office. Replacement shall then occur through the usual electoral process described in these Bylaws.

Section 2. Leadership

A. The Chief of Staff functions as the “President” of the Medical and Dental Staff. The qualifications, administrative responsibilities and authority of the Chief of Staff are defined by VHA policy and regulation.

B. The Medical and Dental Staff, through its committees, services, and, Associate Chief of Staffs provides counsel and assistance to the Chief of Staff, the Director, the SPC, and the PIC, regarding all facets of the patient care services programs, including performance improvement, clinical care, education, research, staffing, informatics, etc.

C. All Medical and Dental Staff members are eligible for membership on the MEB and any member of the Medical and Dental Staff may place an issue or concern on the agenda with two (2) weeks notice and may represent it before MEB. MEB meetings are open, except when MEB votes to go into Executive Session, which will occur when issues related to a specific practitioner are discussed. At such times, only members of the Medical and Dental Staff will remain to take part in deliberations/recommendations.

Section 3. Duties of Officers

A. President. The duties of the president are to call and chair meetings of MEB, the Medical and Dental Staff and distribute agendas and minutes for these meetings. Serves on the APC (see Article VIII).

B. Secretary. The duties of the secretary are to serve on the MEB, PSB, Executive Leadership Council, and APC (see Article IX, selects replacement Officers and members of standing committee as detailed in Article IX Section 1.A and Article IX, Section 1.C).

C. Secretary-Elect. The duties of the secretary-Elect are to serve on MEB and the PSB, select replacement Officers and members of Standing Committees, as does the Secretary, and assumes the duties of the Secretary in the absence of the Secretary.

D. Treasurer. The duties of the Treasurer are to serve on MEB and the PSB, select replacement Officers and members of standing committees as do the Secretary and the Secretary-Elect, collect voluntary financial contributions to the treasury, disburse funds from the treasury for non-patient matters when so directed by Secretary and approved by the Chief of Staff, keep a record of the voluntary financial contributions and the disbursements from the treasury, submit an annual financial report to the whole

Medical and Dental Staff and detailed monthly reports, as needed, to the MEB, and assume the duties of the Secretary-Elect in the absence of the Secretary-Elect.

Section 4. Self-Governance Actions

A. The Director will be responsible for the proper and efficient management of the facility. The Chief of Staff, who serves as the chair of the MEB, is delegated responsibility for the efficient management of the Medical and Dental Staff. Each clinical service is a component of the Medical and Dental Staff as a whole and will have a Associate Chief of Staff or Service Chief, appointed under current DVA Regulations, responsible to the Chief of Staff for the functioning of the service and vested with responsibility for general supervision of the clinical, educational, and research activities of the service. This includes, but is not limited to, accountability for all professional and administrative activities of the service and assurance that the quality and appropriateness of patient care provided by the service is continuously assessed, and its performance improved when indicated.

B. Each service will meet monthly (no less than ten times a year) and will maintain a file of minutes of such meetings, documenting discussion of appropriate service business. Such business includes, but is not limited to, review of clinical activities, identification of opportunities to improve, review of service related performance outcomes, timely responses to facility, network, and organizational initiatives, directives, policies, and mandates, and recommendations for action. Minutes of meetings will be kept and a copy forwarded to the Chief of Staff as Chair of the MEB. The Chief of Staff or the Associate Chiefs of Staff or Service Chief will bring service-specific information or recommendations of concern to the MEB or to the attention of other appropriate councils. All clinical services are integrated into the overall functioning of the St. Louis VAMC and participate in planning and executing its strategic initiatives, ensuring that service activities relate to St. Louis VAMC' strategic goals.

C. Programmatic, multidisciplinary performance improvement processes will be reported to the involved services and to the appropriate oversight group, such as the PIC, which shares its reviews and recommendations with MEB. All members of the Medical and Dental Staff are encouraged to participate in performance improvement opportunities through service or committee efforts.

D. Continuing professional educational activities for staff members will be conducted. Where appropriate, some or all of the continuing education programs may occur at the program level. Educational programs will be directed in part to performance improvement. Participation of individual staff members will be documented. Participation in continuing education will be considered at the time of periodic appraisals, including Proficiency Reports and reprivileging. All Associate Chiefs of Staff report to the Chief of Staff.

Return to Table of Contents

ARTICLE IX: COMMITTEES

Section 1. Committee Membership and Operations.

A. The Medical and Dental Staff select representatives to standing committees at its annual meeting. Committee members from the Medical and Dental Staff shall be elected at the Annual Meeting. Terms of service shall begin thirty (30) days following election at the Annual Meeting. One-third of the committee members, except as noted, shall be elected annually. Members may not serve on an individual committee for more than the term limit. At least one year must separate terms of service for individual staff members on a particular committee. Term limits for membership on the MEB and the PSB do not apply to the Secretary, the Secretary-Elect and the Treasurer of the Medical and Dental Staff. The term limit restriction also does not apply to replacement Staff Members who serve for less than one (1) year.

B. Committee members from the Medical and Dental Staff shall be elected by written ballot, unless otherwise stated. The Bylaws & Nominations Committee shall distribute a tentative slate of nominees at least thirty (30) days before each election. Any additional nominees shall be included as write-in candidates at the time of each election. The Bylaws & Nominations Committee shall publish election results not later than seven days following the election. Election results shall be final thirty (30) days following the election. The Bylaws & Nominations Committee shall address challenges to election results within ten (10) days after the publishing of the election results. Decisions by the Bylaws & Nominations Committee shall be final.

C. Elected staff members shall fill vacancies by appointment for the balance of the terms of previously elected members. The term elected staff members means the Secretary, the Secretary- Elect, and the Treasurer of the Medical and Dental Staff; the Chairs of the Standing Committees of the Medical and Dental Staff (except the MEB, PSB, APC, and PRC); the PSB representative to the MEB; the senior members of the Pharmacy and Therapeutics Committee and the Performance Improvement Committee who serve on the MEB; and the four at-large Medical and Dental Staff members of the MEB.

D. Committee members shall select the Chairperson annually from the elected Medical and Dental Staff Members with the greatest continuous length of service on that committee, except as noted below: if the senior person declines to serve, the committee may select another elected member to serve.

E. The MEB may elect to receive reports from committees not identified in these Bylaws; however, the membership of the MEB may not be changed without a specific amendment of these Bylaws.

F. Should a Medical and Dental Staff member qualify for membership on the MEB or

Return to Table of Contents

the PSB on more than one basis, additional Medical and Dental Staff members shall be elected by the elected staff members to ensure full Medical and Dental Staff representation on the MEB and the PSB.

G. Elected staff members shall select substitute staff members for the MEB when currently serving members cannot attend individual meetings. The substitute members shall be selected from currently serving staff members of the Standing Committees stated in Article IX, Section 2. The Medical Center Director shall select a substitute Chairperson for the PSB when the Chief of Staff does not attend.

H. The Medical Center Director has the option of appointing a member to each of the Standing Committees and Subcommittees of the Medical and Dental Staff, except for the PSB and the MEB.

I. A quorum shall consist of a simple majority of the committee members except as otherwise noted.

Section 2 Medical Executive Board (MEB)

A. The MEB shall consist of the elected Officers of the Medical and Dental Staff (Secretary, Secretary-Elect and Treasurer); the elected Chairs of each Standing Committee of the Medical and Dental Staff (except for the PSB, APC and PRC); one senior Medical and Dental Staff member from the Pharmacy and Therapeutics Committee, from the Performance Improvement Committee, and from the Physicians' PSB; two at-large members elected by the Medical and Dental Staff and two members appointed by the Secretary; Associate Chiefs of Staff for Primary Care, Medicine, Surgery, Extended Care and Rehabilitation, Mental Health, Diagnostic Imaging, Pathology and Laboratory Medicine, Anesthesiology, Neurology, GRECC, Research, Education and Spinal Cord Injury Service; the Service Chiefs of Dentistry, Emergency Department, Radiology, Physical Medicine and Rehabilitation, Psychology and Psychiatry; the Senior Nurse Executive (VA Circular 10-89-19: Public Law 100-322, Sec. 224) (Ex-Officio),the Medical Center Director (Ex-Officio), the Chief of Staff (who shall serve as Chairperson), the Deputy Chief of Staff, two members appointed by Medical Center Director, and one physician representative from the Medical Center Safety Committee.

B. The MEB will convene on a regular basis. Members of the MEB will be provided with an agenda at least five (5) business days in advance of regular meetings and at least three (3) business days in advance of special meetings. Minutes of all MEB meetings will be distributed within five (5) business days in advance of regular meetings. Distribution requirements of agendas and minutes may be waived by unanimous consent of elected Staff Members for individual regular or special meetings.

Return to Table of Contents

C. MEB activities include, but are not limited to:

1. Acting on behalf of the Medical and Dental Staff between Medical and Dental Staff meetings

2. Acting to ensure effective communication between the Medical Staff and Director

3. Making recommendations directly to the Director regarding:

a. Structure and organization of the Medical and Dental Staff
b. Mechanisms for reviewing credentials and delineating clinical privileges
c. Individuals proposed for Medical and Dental Staff membership
d. Specific clinical privileges to be granted to each eligible individual who requests initial privileges or renewal of privileges
e. Organization of performance improvement activities of the Medical and Dental Staff as well as mechanisms used to conduct, evaluate, and revise such activities
g. Mechanisms for fair hearing procedures consistent with approved VHA guidelines for such hearings
h. Medical and Dental Staff ethics and governance actions
i. Action to terminate a member of the Medical and Dental Staff consistent with VHA policies, regulations and procedures as well as those of the St. Louis VAMC, and
j. Recommendations for termination, continuation, or acceptance of an exclusive contract for medical services.

4. Reviewing and, if appropriate, acting upon the reports and recommendations of Medical and Dental Staff and other clinical committees, clinical services, ad hoc groups, task forces, and service leadership. The Medical Center Nutrition Committee will report to the MEB.

5. Reviewing and approving criteria for granting clinical privileges of each service.

6. Reviewing and approving policy and procedures for physician directed hospital services or sections, as appropriate.

C. A quorum shall consist of twelve (12) voting members, at least three (3) of who are elected Medical and Dental Staff Members.

Section 3 Physicians' Professional Standards Board (PSB)

A. Membership (The PSB shall consist of the three (3) elected Officers of the Medical and Dental Staff, three (3) elected at-large members of the Medical and Dental Staff, the Associate Chief of Staff or Service Chief of Specialty Care, Primary Care, Extended Care, Mental Health, Imaging and the Chief of Staff or designee, who serves as

Chairperson. The senior elected at-large Medical and Dental Staff member shall serve
Return to Table of Contents
as the representative on the MEB.

B. The PSB is constituted to examine all documents and pertinent information concerning the appointment, advancement, and probationary review of physicians, dentists, podiatrists, optometrists, psychologists, chiropractors, and CRNAs in the St. Louis VAMC, in order to ensure that the VHA recruits and retains the best-qualified professional personnel.

C. PSB functions include, but are not limited to:

1. Review and recommend action to the Director, through the MEB, the acceptance or rejection of each application for appointment and action on each request for initial privileges.

2. Investigate any breach of ethics reported to it

3. Recommend criteria for the granting of medical staff membership and clinical privileges

4. Develop, recommend and consistently implement policy and procedures for all credentialing and privileging activities.

5. Conduct probationary reviews and/or professional competency reviews for employees who have completed a probationary period.

6. Form Practitioner Well Being Subcommittee under appropriate circumstances as outlined in Section VII of the Medical and Dental Staff Rules

7. Review and recommend to the Director, in accordance with MCM 00-12.31 "Physicians' Professional Standards Board" and appropriate VHA Directives and Supplements thereto, action on all policies and procedures for appointment, promotion, and advancement of Title 38 employees who are LIPs.

D. A quorum shall consist of two members and the Chairperson.

Section 4. Bylaws and Nominations Committee

A. Membership. Membership shall consist of three elected representatives from the Medical and Dental Staff.

B. Duties. The committee shall solicit nominees for the written ballot. The committee shall count the votes and publish the election results. The committee shall resolve any disputes over election results. The committee shall review the Medical and Dental Staff Bylaws and Rules at least every two (2) years and propose changes to be voted on by the Medical and Dental Staff or for consideration by the MEB, and assist in selecting

replacement officers or committee members, and assist in interpretation of the bylaws.
Return to Table of Contents

Section 5 Pharmacy & Therapeutics Committee (P&T)

A. Membership. Membership shall include six (6) elected representatives of the Medical and Dental Staff, one member selected by the Committee from Pharmacy Service, the Associate Director Patient and Nursing Service or designee, and additional non-voting members selected by the Committee to fulfill duties of the Committee.

B. Duties. The Committee shall develop and recommend all drug utilization policies and practices within the St. Louis VAMC medical center, in compliance with Network and VHA formulary policies. It shall also perform the following specific functions:

1. Serve as an advisory group to the medical center staff and pharmacists on matters pertaining to the choice of available drugs.
2. Make recommendations concerning drugs to be stocked on the nursing units and by other services.
3. Review the non-formulary drug list use of the medical center periodically.
4. Review the cost-efficiency of drugs purchased and used by the medical center.
5. Establish standards concerning the use and control of investigational drugs and/or research in the use of recognized drugs
6. Monitor and evaluation of adverse drug reactions (ADRs), medication errors, and drug utilization evaluation (DUEs).

Section 6 Research and Development Committee (R&D)

A. Membership. The members of the R&D Committee are appointed in writing by the medical center Director and must reflect the types and amount of research being conducted at the facility. Nominations for membership may be from current R&D Committee members, subcommittee members, and the facility's staff. Members will serve terms of 3 years with a possibility of extension, and may be reappointed without any lapse in time if it is deemed in the Committee's best interest. Terms of members must be staggered to provide partial change in membership annually.
MEB

The R&D Committee must consist of at least five voting members. All voting members must be compensated full-time or permanent part-time Federal employees. Committee membership must include: 1. At least two members from the VA facility's staff who have major patient care or management responsibilities; 2. At least two members who are VA investigators actively engaged in major R&D programs or who can provide R&D expertise; 3. At least one member who holds an academic appointment, and is either a full-time Federal employee or a part-time permanent Federal employee; and 4. Diverse backgrounds with consideration as to race, gender, ethnicity, and expertise.

Committee members, exclusive of ex officio members, must elect a Chairperson every 1

or 2 years. The Chairperson must be approved and officially appointed, in writing, by the medical center Director for a term of I to 2 years, and may be reappointed without any lapse in time. The Chairperson must not simultaneously chair a subcommittee of the R&D Committee.

The Associate Chief of Staff, Research, Chief of Staff, Medical Center Director, Research Compliance Officer, and the Administrative Officer for Research shall serve as ex-officio members without vote.

B. Duties. The Committee will establish and implement research policies for the medical center and assure that all proposals go through the proper channels. It will establish a subcommittee for evaluation and monitoring of all proposals in which human subjects will be used in order to ensure that the rights and safety of all human subjects are preserved. A subcommittee will also be established to oversee the use of animals. A research safety subcommittee will also be established.

Section 7: Ambulatory Care Committee

A. Membership. The Committee shall include four elected members of the Medical and Dental Staff and a Nursing Representative as voting members. The Associate Chief of Staff for Primary Care shall serve as a voting member. Representatives from each Service performing ambulatory care functions will also be non-voting members.

B. Duties. The Committee shall formulate and implement policies and practices, which ensure effective and efficient operation of all Ambulatory Care activities in the Medical Center including the Emergency Room and Outpatient clinics.

C. Quorum. A quorum shall comprise three (3) elected Medical and Dental Staff members or substitutes

Section 8 Performance Improvement Committee (PIC)

A. Membership. PIC will consist of six (6) elected members of the Medical & Dental Staff and the appointed members from services and programs where operative invasive, diagnostic, therapeutic and high-risk non-invasive procedures are performed. The six elected members are the voting members of the committee. The term of service on the committee is three years.

Appointed Medical & Dental Staff members include: Chief, Medicine Service or designee, Chief, Surgery Service or designee, Chief, Imaging Service or designee, Chief, Laboratory Medicine and Pathology or designee, Chief, Anesthesiology Service or designee, Chief Dental Service or designee, Chief, Psychiatry or designee, Program Manager, Cardiology Service or designee,

Appointed medical center staff include: Chief, Quality Management or designee, Patient Safety Manager, and Chief, Pharmacy Service or designee.

B. Duties: PIC is responsible for PI activities to improve the delivery of safe quality Veteran care across services, programs and setting. It is responsible for the appropriateness and quality of diagnostic, therapeutic procedures throughout the medical center to ensure the same level of care is provide to Veterans undergoing operative, invasive and high-risk non-invasive procedures and evaluation of system performance measures for patient care systems. The PIC meets monthly and the Chair, PIC reports at least quarterly to the MEB.

The PIC performs the following functions and activities:

1. Evaluates and approves criteria to be used in the evaluation of procedure selection, preparation of patient for procedures, monitoring during and post-procedural care.

2. Reviews and evaluates monthly reports submitted by Service Chiefs and Program Managers and makes appropriate recommendation to Service Chiefs and Medical Executive Board (MEB).

3. Evaluates summarized clinical data and information for the identification of patterns and trends.

4. Evaluates causative factors, including methodology, equipment, setting, practitioner and patient characteristics that influence health care outcomes.

5. Reviews sedation use and outcomes, evaluates the findings and make appropriate recommendations.

6. Reviews VA Surgical Quality Improvement Program quarterly risk adjusted reports and pertinent cases identified in these reports. Cases that are identified by VASQIP will be reviewed in depth and appropriate actions will be initiated as needed.

7. Reviews pre and postoperative pathology diagnosis will be reviewed in cases where discrepancy occurs between the pre and postoperative diagnosis or when tissue is not submitted an/or tissue is inappropriate to the procedure.

8. Reviews summary clinical information from non-operative procedures where tissue is taken.

9. Reviews and evaluates VA Inpatient Evaluation Center (IPEC) quarterly reports and makes recommendations.

10. Completes special assignments as designated by the MEB.

11. The PIC will receive the following quarterly reports:

a. VASQIP,
b. IPEC,
c. Mortality Assessment,
d. Restraint Use,
e. Patient Safety
f. Core Measures, and
g. Others as needed

C. Quorum. A quorum shall comprise three (3) elected Medical and Dental Staff members.

D. Subcommittees of the Performance Improvement Committee.

1. Emergency Resuscitation Committee (Code K Committee) is a subcommittee of the Performance Improvement Committee.

    a. Additional Membership. One representative from Medicine, Surgery, Anesthesia and Nursing.

    b. Duties. The Committee is responsible for review of emergency resuscitation services and its outcomes throughout the VAMC, inpatient and outpatient services and each of the Intensive Care Units. The Emergency Resuscitation Committee will provide oversight for and evaluate the effectiveness of the Rapid Response Team (RRT) process, through the following minimum:

        (1) Staff perception (e.g. competence of team members and discoverer, communication among RRT, discoverer and the primary physician, timeliness of the communication).

        (2) Outcome analysis (e.g. utilization rate, precipitating event or condition, area(s) of hospital where intervention is provided, type of care and intervention provided, and the relationship to the number of Code K events, transfers to higher level of care).

        (3) Development and maintenance of relevant staff education program(s).

        (4) Maintenance of the memorandum as dictated by changes in hospital processes and standards of care.

Section 9 Medical Records Review Committee (MRRC)

A. Membership. The committee shall consist of three (3) elected members of the Medical and Dental Staff. Additional Membership representative from Nursing, Service

Chief (RRA), Health Information Management, and the Chief, Information Resource Management Service

B. Duties. The Committee shall be responsible for assuring that the medical records are developed and retained for every patient treated. It shall review medical records for timely completion, and adequacy for performance improvement activities, such as, the monitoring of the quality of medical histories and physical examinations. The Committee shall review records of inpatients and outpatients. The Committee shall review and approve all forms included as part of the permanent medical record. The committee develops and approves acceptable and banned abbreviation for use in the medical record. The Committee shall also review both the availability and security of records to ensure prompt provision of medical records for patient care and maintenance of patient confidentiality.

Section 10. Infection Prevention & Control Committee (IPCC)

A. Membership. Members include physicians from various specialties, infection preventionists, administration, employee health, facilities, housekeeping, industrial hygiene, laboratory, quality management, nurse managers, patient safety, pharmacy, and sterile processing. Ad hoc members are invited as necessary. An Infectious Disease physician chairs the committee. The IPCC chair is appointed by the Medical Center Director or the Director's designee. Additional committee members are appointed and not elected.

B. Duties. The Committee shall be responsible for the surveillance and reporting of infections with particular attention to management and control. Additional duties include the development and implementation of approved patient care procedures, monitoring enforcement of policies, assistance in employee health activities, in-service education on infection control and verification of required reports to the public health authorities, and assessing the effectiveness of the Hospital's Infection Control Program. The Committee has the authority, through its Chairperson, with the concurrence of the physician members, to institute any appropriate control measures or studies when a problem dealing with infection exists.

Section 11. Transfusion Review Committee (TRC)

A. Membership. The committee shall consist of three (3) elected members of the Medical and Dental Staff. A representative from Nursing and the Director of the Blood Bank.

B. Duties. The Committee shall be responsible for developing and reviewing all policies and procedures relating to the distribution, handing use and administration of blood and blood components. The committee monitors compliance with established criteria and evaluating appropriateness of blood and blood products administration. Reviews shall include the use of whole blood or blood products and a completed report of each actual or suspected transfusion reaction.

Section 12. PEER REVIEW COMMITTEE (PRC)

A. Membership. The Committee shall include appointed senior members of key clinical disciplines. The Chief of Staff and Associate Directors for Patient/Nursing Services will co-chair the committee. Periodically, ad hoc members or ad hoc co-chairpersons, will be asked by the Chief of Staff, or designee, to participate in Peer Review Committee proceedings.

B. Duties. The Committee shall conduct systematic and credible; peer review to result in both immediate and long-term improvements in patient care by revealing areas for improvement in individual providers' practice. This ultimately contributes to organizational performance and optimal patient outcomes. Coordinating the referral of significant information to the Performance Improvement Committee when the deficiency of care was not met due only to system (i.e., organizational) issue(s). The Peer Review Committee reports aggregate data to the MEB, quarterly.

Section 13. AFFILIATION PARTNERSHIP COUNCIL (APC)

Membership: The Dean of Saint Louis University School of Medicine, the Dean of Washington University School of Medicine, the Medical Center Director, the Chief of Staff, the Senior Nurse Executive, the Secretary of the Medical and Dental Staff, the Dean of the St Louis College of Pharmacy, the Dean of Nursing, Saint Louis University; the Dean of Nursing, Southern Illinois – Edwardsville; four (4) tenured faculty members appointed by the Dean of Saint Louis University School of Medicine, four (4) tenured faculty members appointed by the Dean of Washington University School of Medicine, and four (4) senior Medical and Dental Staff members appointed by the Medical Center Director, two (2) from each School of Medicine, are voting members. In the event that voting members cannot attend a Council meeting they may designate an appropriate proxy. The VA medical center's Associate Director is an ex officio member without vote who will be in regular attendance at the Affiliation Partnership Council meetings.

a. The Deans, the Medical Center Director, the Chief of Staff, and the Senior Nurse Executive serve as ex-officio with vote and are permanent members of the Committee. The Secretary of the Medical and Dental Staff shall serve ex-officio.

b. The twelve (12) appointed members serve one-year renewable terms.

c. The Council is chaired by an individual in senior management position at the VA medical care facility (i.e., Director or Chief of Staff) or co-chaired by a VA and an affiliation representative. In cases of multiple affiliations with VA, consideration needs to be given to rotating the chair position among the affiliated institutions. Title 38, U.S.C. requires the Secretary of Veterans Affairs appoint the members

of these advisory committees. The authority has been delegated to the VISN Director.

d. The Executive Group of the Council shall comprise the Deans, the Medical Center Director, the Chief of Staff, and one additional member who are elected for a one-year term by a majority vote of the Council.

B. Duties: The APC will meet quarterly. The office of the Medical Center Director provides administrative support. The purpose of the APC shall be:

a. To act as the strategic planning and coordinating body for all academic matters involving the St. Louis VAMC and its academic affiliates.

b. To coordinate the tracking of measurable outcomes that emerges from reviews of academic partnerships.

c. To inform the VA affiliate of matters which affect it (e.g. strategic plans, service directions, budgetary items).

d. To advise and assist the Medical Center Director and Chief of Staff in the initiation, development, evaluation, and quality improvement of the medical center's clinical services.

e. The Executive Group is responsible for setting the agenda for regular and special meetings, acting for the APC when it is not in session, and representing the APC at meetings of the Network Affiliates Partnership Committee

Section 14. Committee Records

A. Committees prepare minutes that report data, conclusions, recommendations, actions taken, and outcomes of actions taken. Minutes will be forwarded in a timely manner to the Chief of Staff who will provide them to the MEB.

B. Committees provide appropriate and timely communication to individual services regarding any concerns or specific action taken that pertains to the service and its providers.

C. Committee records pertaining to provider-specific QM/PI measurements/ outcomes is considered "Confidential and Privileged QA Documentation" under Article 38 of the United States Code 5705.

D. Provider-specific information reviewed by any committee will be forwarded to the Quality Management (QM) for inclusion in each provider's peer information file, which is maintained in QM.
Return to Table of Contents

References:

VHA Handbook M-1, Part I, Change 101 http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=795
VHA Handbook M-2, Part I, http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=815
VHA Handbook 1400.3 http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=398

ARTICLE X: CLINICAL SERVICES

Section 1. Characteristics

A. Clinical Services are organized to carry out patient care, education, and research activities, apply principles of strategic planning and performance improvement, and undertake other activities specific to their discipline. Each service is under the leadership of an Associate Chief of Staff or Service Chief.

B. Services will hold regular monthly meetings (no less than 10 per year) in order to ensure that the functions of the service are carried out.

Section 2. Functions

A. Each clinical service will be organized as a specific component of the Medical and Dental Staff as a whole and will have a, Associate Chief of Staff or Service Chief appointed under current DVA regulations, who will be responsible to the Director, through the Chief of Staff, for the functioning of the service. The Associate Chief of Staff or Service Chief will have general supervision over, and responsibility for, all activities of the service and interactions of the service with other services.

B. Each service will pursue performance improvement opportunities within the service, including consideration of findings of ongoing monitoring and other data determined to be of significance by the service or by multidisciplinary groups with which the service participates (including access, efficiency, effectiveness, satisfaction); data concerning appropriateness of patient care and treatment (including that provided under non standard appointments); risk management; patient safety; and utilization management. When appropriate, findings of organizational performance improvement activities will result in educational programs.

C. Each service will assist in identification of important aspects of care for the service, identify data needed to improve important aspects of care, and evaluate the quality and appropriateness of care.

D. Each service will maintain records of meetings that include pertinent decisions, conclusions, recommendations/actions, and evaluation of actions taken.

E. Each service will develop and forward to PSB criteria whereby clinical privileges are recommended for approval for its members.

Return to Table of Contents

F. Each service will develop policies and procedures to assure its effective management. These will address issues such as ethics, safety, communications, education, performance improvement, etc., within the service.

G. Each service will develop and forward to PSB clinical privileges appropriate to its discipline(s) that may include:

1. delineation by the practitioner's specialty and specific setting of practice as defined by MCM 11-45, "Setting-Specific Privileges and Performance of Procedures" or,
2. level of training or,
3. patient risk categories and/or,
4. list of procedures or treatments.

H. Each service will regularly review minutes of Medical and Dental Staff committees and other committees, as appropriate, and take action if there are issues that are specific to the service.

I. Each service will plan, communicate, and carry out appropriate actions in response to facility, network, and organizational initiatives, directives, performance measures, and mandates.

Section 3. Selection and Appointment of Associate Chiefs of Staff

Associate Chiefs of Staff, who must be certified by an appropriate specialty board, are appointed by the St. Louis VAMC Director based upon the recommendation of Chief of Staff.

Section 4. Duties and Responsibilities of Associate Chiefs of Staff and Service Chiefs

A. Associate Chiefs of Staff and Service Chiefs are responsible and accountable for:

1. All clinical, professional and administrative activities within the service, including selection, orientation, and continuing education of service staff members.

2. Monitoring and evaluating the service's organizational performance improvement and patient safety activities, and the quality of care provided by the service. This includes access, efficiency, effectiveness, satisfaction, staffing, and appropriateness of care and treatment of the patients served by the service as well as the clinical/professional performance of all individuals in the service.

3. Guiding service-level planning and participating individually and as a service in facility-level strategic planning (and Network strategic planning when called upon to do so).

4. Ensuring that service staff members participate fully in inter- and intra-departmental performance improvement processes to ensure patient and staff satisfaction, and the best possible clinical outcomes.

5. Ensuring that individuals with clinical privileges competently provide services within the scope of the privileges granted. Determining qualifications and competence of staff who are not licensed independent practitioners but who provide patient care, treatment, and services, and approving such practitioners' Scope of Practice, as appropriate.

6. Developing, approving, and annual review of service clinical privilege documents and the criteria for granting privileges, and for transmitting them to the MEB for action.

7. Recommending appointment and clinical privileges for each licensed physician/dentist/podiatrist/optometrist/psychologist providing independent care to patients in his/her service and recommending/overseeing Scopes of Practice for other licensed/or certified practitioners within the service.

8. Assuring that service committee meetings include the review of relevant standing committee minutes established in Article IX, Section 11; that minutes of service committee meetings are prepared and reports on conclusions, recommendations, actions, and results of actions taken are maintained and forwarded in a timely manner to the Chief of Staff for review.

9. Assuring that all policies and procedures pertinent to the service are current and congruent with Joint Commission standards and other accrediting bodies, local policies, and VA/VHA directives, and that changes are reviewed and certified annually to the MEB.

10. Ensuring timely completion and processing of performance evaluations of all employees of the Service, no less than annually.

11. Participating with the director in decisions regarding space and other resources necessary to the Services' provision of patient care, including off-site sources for needed patient care, treatment, and services not provided by the Service or the organization.

12. Providing analysis of Service commitments in patient care, education, research, service, and determining the appropriate type and number of staff required to accomplish the work of the Service.

13. Maintaining quality control programs as appropriate.

References:
VHA Manual M-1, Part I, Chapter 26, Change 102 http://vaww.va.gov/publ/direc/health/manual/010126.pdf

38 USC 7401, 7461
VHA Manual M-2, Parts I, II and Supplements, http://vaww.va.gov/publ/direc/health/manual/020134.DOC
VHA Manual M-2, Programs Guides
Directive 10-95-032, March 1995 http://vaww.va.gov/publ/direc/health/Direct/195032.HTM
MCM 00-12.31 Physicians' Professional Standards Board
MCM 00-12.25 Medical Center Clinical Ethics Advisory Committee

---

ARTICLE XI: MEDICAL AND DENTAL STAFF MEETINGS

A. The Medical and Dental Staff meets as at least on an annual basis.

B. Regular meetings are convened at the call of the Chief of Staff. The Chair may convene special meetings at the request of a majority of the Category I members of the Medical and Dental Staff, a majority of the members of the MEB, The Secretary of the Medical and Dental Staff, the Chief of Staff, or the Medical Center Director

C. Medical and Dental Staff members will attend their service staff meetings, and meetings of committees of which they are members, unless specifically excused by the Associate Chief of Staff or Service Chief or committee chair for appropriate reasons, including, but not limited to, illness, leave, or clinical obligations.

D. Medical and Dental Staff members will attend the annual meeting of the Medical and Dental Staff unless specifically excused by the Chair for appropriate reasons, including, but not limited to, illness, leave, or clinical obligations.

A. Category I & II members of the Medical and Dental Staff are voting members.

B. Written notice of the time, place and tentative agenda of regular meetings shall be distributed to all members of the Medical and Dental Staff thirty (30) days in advance of the meeting. Minutes will include, at a minimum, attendance, issues discussed, conclusion, actions, recommendations, evaluation and follow-up.

C. Written notice of the time, place and tentative agenda of special meetings shall be distributed to all members of the Medical and Dental Staff ten (10) days in advance of the meeting. Minutes will include, at a minimum, attendance, issues discussed, conclusion, actions, recommendations, evaluation and follow-up.

D. Written minutes of annual or special meeting shall be maintained on permanent file in the Office of the Chief of Staff and be fully accessible to any member of the Medial and Dental Staff upon reasonable request.

E. All minutes of the Medical and Dental Staff will reflect, at a minimum, attendance, issues discussed action items, and follow-up, as necessary.

Return to Table of Contents

F. A quorum for the Medical and Dental Staff for all purposes is defined as fifty-one percent (51%) of all members of the Medical and Dental Staff who are required to attend the medical and Dental Staff meeting. (Category I)

G. Annual and special meeting shall be conducted in accordance with Robert's Rules of Order except as modified by these bylaws. Members of the Bylaws and Nominating Committee will provide guidance on the Rules of Order when requested.

ARTICLE XII: RULES

The Medical and Dental Staff shall adopt such Rules as may be necessary, shall are not in conflict with requirements of Federal or State law, for the proper conduct of its work and to implement the general principles found within these Bylaws. Such Rules will be a part of these Bylaws. The Rules may be amended at any regular or special meeting of the MEB by a two-thirds vote or may be amended by vote of the Medical and Dental Staff following the procedure described in Article XIII below for amendment of the Bylaws. Proposed changes will be provided to all members of the Medical and Dental Staff thirty (30) days before the MEB vote. Medical Center Memoranda (MCM) and Standard Operating Procedures (SOP) that address patient care or clinical practice will be approved by MEB by a two-thirds vote and be incorporated in the Rules.

ARTICLE XIII: AMENDMENTS

A. The Bylaws and Rules are reviewed at least annually and revised as necessary to reflect current practices of the Medical and Dental Staff, its organization, and function. They will be dated to indicate the date of last review. Proposed amendments to the Bylaws may be adopted at an annual or special meeting. The amendments will require an affirmative vote by a majority of the voting. Any vote of the Medical and Dental Staff will be scheduled to give members time to review the proposed changes and seek clarification.

B. Written text proposing substantive changes must be provided to Medical and Dental Staff members ten (10) days before voting at a special meeting or thirty (30) days before an annual meeting. Medical and Dental Staff members will be given time to review proposed changes and be notified of the meeting date at which the proposed changes will be considered.

C. All changes to the Bylaws require action by the Medical Staff and the Director. Neither may amend unilaterally. Changes become effective upon approval by the Director.

D. All proposed amendments to the Bylaws and Rules and Regulations will be made in writing. The amendments will be presented to the Medical and Dental Staff at their next

annual or special meeting when recommended by a two-thirds majority vote of the MEB, or recommended by the signature of twenty-five percent of the Category I & II Medical and Dental Staff.

E. The MEB may approve by a simple majority, non-substantive changes when such correction or change is necessary due to spelling, punctuation, grammar, context or as specifically required by laws, state or federal regulations, VHA Directives, or JCAHO standards. No prior notice of such change or vote of the Medical Staff is required. All changes approved by the MEB shall be reported at next meeting of each service.

F. The most current version of the Bylaws and Rules and Regulations of the Medical and Dental Staff can be accessed through the St. Louis VAMC intranet where the document is posted on the Medical Center's intranet website The Bylaws and Rules and Regulations of the Medical and Dental Staff are published as needed.

ARTICLE XIV: ADOPTION

The St. Louis VAMC Director will adopt these Bylaws, together with the appended Rules, upon recommendation of the Medical and Dental Staff at any regular or special meeting of the Medical and Dental Staff at which a quorum is present, or by mail/email vote if no quorum exists, and they shall replace any previous Bylaws and Rules and shall become effective upon approval.

Return to Table of Contents

Adopted by the Medical and Dental Staff of the St. Louis VA Medical Center on December 16, 2011.

REVIEWED and RECOMMEND APPROVAL:

_//s//_________________________ _12/10/11_____
BARBARA TEMECK, MD Date
ACTING CHIEF OF STAFF

APPROVED:

_//s//_________________________ _12/10/11______
RIMAANN O. NELSON, RN, MPH/HSA Date
MEDICAL CENTER DIRECTOR

Return to Table of Contents

RULES AND REGULATIONS OF THE MEDICAL AND DENTAL STAFF

I. General

A. The Rules related to the role and/or the responsibility of members of the Medical and Dental Staff, as well as any other individuals with clinical privileges, in the care of inpatients, emergency care patients, and ambulatory care patients as a whole, or to specific groups as designated. The DVA and the St. Louis VAMC primarily treats adults. All direct care personnel are qualified to provide care to this population.

B. Rules of departments or services will not conflict with each other, the Bylaws, Rules, and Regulations of the Medical and Dental Staff, or requirements of the Governing Body.

II. Electronic Information Systems and Security

A. St. Louis VAMC utilizes an electronic medical record system for care documentation and provider orders. Except in the event of computer failure or for exceptions as provided for in specific policies and procedures, all documentation is expected to be “on-line.”

B. Members of the Medical and Dental Staff are required to have active accounts allowing access to the CPRS. Security codes allowing access to the system (i.e. access and verify codes, network codes and electronic signature codes) are unique to the individual user and may not be shared or disclosed for **ANY** reason. Failure to safeguard security codes or utilization of another user’s codes represents a violation of information security that may expose the user to disciplinary action including possible suspension or loss of Medical and Dental Staff privileges.

III. Patient’s Rights and Responsibilities

A. Medical and Dental Staff Commitment to Patient Rights: St. Louis VAMC and its Medical and Dental Staff support the rights of each patient, and publish policies and procedures to address such rights, as well as responsibilities. Such rights include, but are not limited to:

1. Reasonable responses by Medical and Dental Staff to requests for service within St. Louis VAMC capacity, mission, laws and regulations;

2. Provision of considerate and respectful care;

3. Collaboration in decisions regarding health;

Return to Table of Contents

4. Formulation of an Advance Directive, otherwise known as a living will, and appointment of a surrogate for health care decisions should patient be deemed incompetent to make their own decisions;

5. Receipt of sufficient information to permit care decisions that reflect the patient's wishes and beliefs;

6. Receipt of information about the St. Louis VAMC Patient Rights Policy;

7. Support of refusal of treatment after receipt of sufficient information to make an informed decision;

8. Freedom from physical restraint or seclusion except in situations in which there is a substantial risk of imminent harm to the patient or others;

9. Knowledge, by name, of the caregiver responsible for coordinating medical care;

10. Access to information about transmitting complaints of concerns;

11. Participation in consideration of the ethical aspects of care;

12. Access to information regarding any human experimentation or research/education projects related to their care or in which they are asked to participate as control subjects;

13. Personal privacy and confidentiality of health care information;

14. Action by a person legally authorized to exercise the patient's rights on his/her behalf if judged incompetent in accordance with law or found by a physician to be medically incapable of understanding treatment choices or unable to communicate wishes;

15. Requesting withdrawal of life-sustaining treatment, including resuscitation; and

16. Provision of all other rights specifically included in Medical Center Memorandum MCM 00-04 (A-1), "Patient Rights & Responsibilities."

B. Advance Directive (AD)

1. It is the policy of St. Louis VAMC to follow a patient's or their surrogate decision-maker's choice in health care decisions, including the right to request that life-sustaining treatment be withheld or withdrawn. A patient who makes a specific oral or written statement (i.e., a living will or similar document) is said to have an AD.

Return to Table of Contents

a. A competent patient may personally request that treatment be withheld or withdrawn (he/she also has the right to change a previously made decision).

b. A patient who lacks decision-making capacity who executed, while competent, an AD specifying the limits of treatment and the circumstances under which treatment shall be withheld or withdrawn, will have his/her wishes followed.

c. A surrogate decision-maker may act on behalf of a patient who lacks decision making capacity to exercise “substituted judgment” utilizing, whenever possible, information concerning the patient’s wishes and beliefs.

d. In the absence of an AD or a surrogate decision maker, in accordance with VA policy, the Chief of Staff may act on behalf of the patient, utilizing, whenever possible, information concerning the patient’s wishes and beliefs.

C. Informed Consent

1. The consent of a patient shall be obtained prior to the performance of specific procedures as described in MCM 11-22 “Consent for Operative and Other Invasive Procedures.” It implies an understanding by the patient of his/her disease, its consequences, the planned procedure, the reason for the procedure, the consequences which may reasonably be expected if the procedure is or is not performed, the risk(s) of either undergoing or refusing the planned procedure, and the alternative treatments that may be available. Pre-procedure counseling by a physician will include a discussion of the choice of anesthesia and the options available should blood transfusion be required, as well as the risk of refusing transfusion.

2. Informed consent to undergo the procedure will be documented by signature of the patient or designated surrogate decision-maker on an approved consent form. See MCM 11-22 in the event the patient has impaired decision-making capacity. Staff members of the Medical Center who are not members of the treatment or surgical team may witness documentation of consent.

3. The practitioner obtaining consent must document the process of informed consent in an appropriate progress note recorded in the patient’s medical record.

Return to Table of Contents

4. Failure to obtain an informed consent is contrary to VA policy, violates a patient's civil rights, and could place a practitioner in a situation of personal liability.

5. If, by using all reasonable means available, the legal representative (next of kin, guardian, or surrogate decision-maker in the case of an incompetent patient or a patient with an AD) cannot be located, and the patient's condition precludes the ability to give informed consent, the Chief of Staff or designee has the authority to exercise substituted judgment and, if appropriate, provide consent for the patient to undergo the planned diagnostic or therapeutic intervention.

6. Unless specified in an AD, VHA recognizes the following order of priority for consent by next of kin: spouse (by marriage or common-law), adult child (18 years of age or older), parent, adult sibling (18 years or age or older), grandparent, adult grandchild, or a close friend 18 years or older (including a relative not listed above), who has shown concern for the patient's welfare and is familiar with the patient's activities, health, religious beliefs and values.

7. When an emergency does not permit adequate time to obtain written informed consent from the next-of-kin, guardian, or surrogate decision maker, including the Chief of Staff, he/she will be contacted as promptly as possible after or during the procedure to explain what was done, the indications for doing so, and the outcome. This will be documented in the patient's medical record.

8. The patient has the right to refuse or withhold consent without jeopardy. When, having been fully informed, a patient or their surrogate decision-maker refuses to consent to a recommended procedure or treatment, the refusal and any reasons for refusal will be documented in the patient's medical record. If not proceeding with the planned procedure is judged a hazard to others, the matter will be called to the attention of Chief of Staff and the Clinical Ethical Advisory Committee will be asked to provide consultation.

9. When further care is deemed futile or a decision needs to be made about resuscitation status in a patient who is not competent to make such decisions, the treating physicians will follow MCM 11-22 which speaks to these situations.

References:
MCM 00-20 Automated Information System Security Policy
MCM 00-04 (A-1) Patient Rights & Responsibilities
MCM 11-03 Withholding and Withdrawal Life-Sustaining Therapy
MCM 11-40 Advance Directives
MCM 11-22 Consent for Operative and Other Invasive Procedures
VHA Manual M-2, Part I, Chapter 23
MCM 00-12.25 Medical Center Clinical Ethics Advisory Committee
SOP BSL ROI-01 "Record Control for the Release of Information.

Return to Table of Contents

IV. General Responsibility for Care

A. Conduct of Care

1. A credentialed and privileged member of the Medical and Dental Staff will be responsible for the management of every patient throughout the continuum of care.

2. A consistent standard of care will be provided to all patients throughout St. Louis VAMC. While supervising housestaff and allied health providers, the medical staff member will ensure that delegated responsibilities are performed in accordance with general accepted standards of care.

3. When a member of the Medical and Dental Staff does not believe he/she is able to provide an aspect/episode of care for a patient for reasons of personal conflict in cultural values, ethical standards, or religious beliefs, the individual may request of his or her Associate Chief of Staff or Service Chief that another member of the Medical and Dental Staff assume responsibility for that aspect/episode of care as defined in Medical Center Memorandum BSL 05-14 “Staff Rights”

B. Emergency Services

1. The St. Louis VAMC’ Medical Center provides emergency services, which does not include acute Level I or Level II trauma care nor participation in community emergency services (i.e., accepting patients from community ambulances for acute care). Physician staffing shall be consistent with this. Obstetrical and pediatric patients will be triaged, stabilized, and appropriately referred as will all other non-veteran patients who present for care.

2. Provision of emergency care will take place in the Emergency Department, Urgent Care Center, or, if appropriate, in the Psychiatric Emergency Care area.

3. Providers of emergency care will evaluate any patient regarding the need for emergent treatment or hospitalization.

4. Patients known or suspected to be suicidal must have an immediate psychiatric evaluation to determine disposition

5. Providers of emergency services will provide for the disposition of patients who do not require urgent/emergent care or who are not legally eligible for non-emergent care in St. Louis VAMC, referring them, if necessary, to community facilities with their consent.

Return to Table of Contents

C. Admissions

1. Only members of the Medical and Dental Staff, with admitting privileges may admit patients to inpatient beds. Housestaff, when acting on behalf of a supervising member of the Medical and Dental Staff may direct the admission of patients.

2. Admissions to the Surgical Intensive Care Unit, Medical Intensive Care Unit, Nursing Home Care Unit, Renal Dialysis Unit and Spinal Cord Injury services will be in accordance with the established admission guidelines and approved by the physician director of each special care unit.

2. Nurse practitioners, physician assistants, dentists, podiatrists, and psychologists may provide initial comprehensive, or specialty physical examination, as designated in their scope of practice, privileges, or assignments as a house officer. In keeping with the policies of each unit, all patients admitted to inpatient beds, outpatient surgery, or observation unit, will be evaluated by a qualified physician or member of the Medical and Dental Staff with appropriate clinical privileges or scope of practice to provide a history, physical examination, and assessment. Evaluations provided under a scope of practice will be reviewed and co-signed by a privileged practitioner, as will housestaff evaluations. Admission evaluations provided under scope of practice or by a house officer will be co-signed by a privileged member of the Medical and Dental Staff.

3. Patients may be admitted jointly by a Non-Physician LIP and a qualified physician.

4. Patients Lodgers will not be evaluated as above, but assessed according to the St. Louis VAMC AETC Standard Operating Procedure

References:
SOP 11-048 Patient Assessment
MCM BSL 05-14 Staff Rights
SOP 11-074 Ambulatory Evaluation & Treatment Center (AETC)

D. Admission History and Physical Examinations (H&Ps)

1. A qualified physician, dentist, nurse practitioner, podiatrist, or physician assistant must perform a History and Physical Examination (H&P) not more than 30 days prior to admission. The H&P will be completed promptly, but not more than 24 hours after admission, and, if completed by a member of the housestaff, or a practitioner functioning under Scopes/Standards of practice, will be reviewed, addendum made and co-signed by a privileged member of the Medical and Dental Staff. H&Ps performed prior to admission for same day surgery, ambulatory surgery, or the 23-hour observation unit, will be revised as necessitated by any change in patient status. The assessment by

Return to Table of Contents

the Medical and Dental Staff will be documented in an approved electronic note in which all applicable elements will complete.

2. If a patient is readmitted within 30 days of discharge, their prior H&P may be referred to. Information documenting any change in the history or physical exam that has occurred in the interim will be noted in the appropriate sections of the admission H&P note.

3. Each patient admitted to the Medical Center will have only those diagnostic tests deemed necessary and appropriate by his/her attending physician.

4. The attending physician may document concurrence in specific aspects of patient care, other than the H&P or the discharge summary, in an original note, or by attending the housestaff note or by co-signature of housestaff note, or by housestaff notation of concurrence by an attending physician in their progress note. (See "Role of Attending Staff: Documentation of Supervision," paragraph 6B). The attending physician will sign discharge summaries.

5. The Primary Care Provider (PCP) or his designee will record a note within 48 hours of admission and may when medically appropriate delegate day to day care of this patient to the appropriate inpatient colleague for the duration of the admission.

E. Transfers

1. When St. Louis VAMC has the means to provide adequate care for eligible veterans or to provide emergency care for patients who are not veterans (humanitarian care), arbitrary transfer to another hospital is prohibited.

2. No transfer from an inpatient status to another hospital will take place without the consent of the attending physician, on whose service the patient resides. He/she will obtain the Chief of Staff's approval for such a transfer. Issues such as the availability of necessary services within St. Louis VAMC or other VA facilities, as well as the Chief of Staff of the service versus the benefit to the patient, will be considered in transfer decisions. Whenever possible, a stable inpatient who needs care not available at St. Louis VAMC will be referred to another VA facility which can provide the needed service and which is willing to accept the patient in transfer. If such a VA facility is not available, or the patient is deemed unable to be transported to another VA facility, transfer to a community/affiliate hospital with needed services will be sought and arranged with approval of the Chief of Staff, or his/her designee.

Return to Table of Contents

3. Once a decision is made to transfer, the attending physician will determine the mode of transfer and the necessity for qualified Medical and Dental Staff to accompany the patient. Copies of all medical information will accompany the patient. The Patient Care Services section of Nursing Service will assist in the transfer, as available, with the accepting hospital, and assist in other administrative matters. The St. Louis VAMC transferring physician has an obligation to discuss the patient being transferred with the accepting/admitting physician at the accepting facility and to obtain the patient's or his/her surrogate's approval to transfer.

4. Transfers of non-emergent, non-veteran outpatients to non-VA facilities will take place only after contact has been made with a care provider at the other medical center who is authorized to accept the patient and agrees to do so. The specifics of paragraph 2 above will apply in such a transfer.

5. Transfer of an inpatient between treating specialties, levels of care or attending physicians requires concurrence by the transferring and accepting attendings. The attending will document acceptance of the patient and concur in the care plan by original progress note or co-signature of the housestaff note.

6. The appropriate Associate Chiefs of Staff will resolve any question regarding the appropriateness of a discharge/transfer from a special care unit raised by the patient, the patient's legal surrogate, or the staff to whose care the patient will be transferred.

6. In an emergency, an impending emergency, or when it is necessary to evacuate patients from one section of the St. Louis VAMC to another, or to otherwise evacuate the medical center premises as a result of a natural disaster, or for other reasons, the Chief of Staff or his/her designee will oversee the movement of patients with the concurrence of the Director.

References:
MCM 001S-01 Comprehensive Emergency Plan
SOP 11-093 Supervision of Residents:
SOP 11-067 Admissions
SOP 11-072 Patient Transfer Policy

F. Consultations

1. Each consultant will be qualified to give an opinion in the field in which his/her opinion is sought and will possess privileges in said field.

2. All consultation requests must be submitted through CPRS with sufficient detail to justify the request. Responses to requests for consultations by members of the Medical and Dental Staff require complete documentation and will reflect pertinent examination of the patient and the patient record.
Return to Table of Contents

When fellows and other housestaff participate in consultations, a freestanding note by the attending physician will be written to reflect concurrence with the consultation finding and recommendations. Routine consultations for hospitalized patients will result in a consultation note within 24 hours of receipt of a written request. With the consent of the requesting physician, such a consult can be delayed for cause, but not for more than 72 hours. (Cause includes such an event as availability of a specific consultant who is solely able to provide the consultation, etc.)

3. Emergent or urgent inpatient consultations will be completed in a timely manner but not later than within one (1) working day of receipt of the request. Emergent consultation requests will be sought by physicians through physician-to-physician contact and will be completed in the time frame required by the requesting service or section which may require same day completion of consultation.

4. Consultations may be sought under, but not limited to, the following circumstances:

a. Where the diagnosis is obscure after ordinary diagnostic procedures have been completed, or

b. The care is complicated with respect to available diagnostic or therapeutic options, or

c. Even in the presence of a presumably correct diagnosis, the patient is not responding as anticipated.

G. Discharge Planning

1. Discharge planning shall be initiated as early as appropriate, usually the day of admission. Discharge planning applies not only to inpatient medical, neurological, psychiatric, and surgical beds, but also to, AETC. ICU, Extended Care, and Spinal Cord Injury.

2. It will include provisions for continuity of care and referral to appropriate service(s) to meet patient needs.

3. The patient, or caregiver, or both, will be properly educated to carry out the discharge plan of care in the home/community environment. If a patient is referred to a skilled nursing facility or other community residential care, information necessary to accomplish the discharge plan will be provided.

4. All discharge planning will be documented thoroughly in the patient's medical record.

Return to Table of Contents

H. Discharge

1. Patients who are being discharged from inpatient status should meet specific criteria as determined by the bed Associate Chief of Staff or service chief and recorded in a service or unit policy. (Exceptions that delay a discharge shall be approved by the attending physician or the appropriate service or unit chief and documented in a progress note.)

2. The information contained within the physician's orders will include, but not be limited to: the date and type (if not regular) of discharge, follow-up clinic appointments, discharge medications, diet prescription, return to work or pre-hospital activity prescription, special travel requirements, and the date of dictation or completion of the hospital discharge summary.

3. Whenever possible, physicians are to enter discharge orders and prescriptions by as soon as possible. Patients will be discharged within 6 hours of the anticipated discharge time.

4. Discharge from the Post Anesthesia Care Unit (PACU) will be based on Medical and Dental Staff approved criteria.

5. The Ambulatory Evaluation and Treatment Care Unit (AETC) is utilized for selected patients requiring care in an Operating Room, Interventional Radiology, Cardiac Cath Lab, or PACU, or other areas receiving sedation, and without the need for pre-procedure hospitalization. Following the procedure, an AETC patient receiving general anesthesia or regional block anesthesia will be recovered immediately in the PACU. Any patient requiring prolonged observation or failing to meet discharge criteria from AETC will be evaluated for admission to an inpatient bed service.

6. The 5 Center is utilized for selected patients requiring certain interventional procedures that may require sedation. Any patient requiring prolonged observation or failing to meet discharge criteria from the 5 Center will be observed in the AETC or admission to an inpatient bed service.

References:
MCM 11-38 (A-1) Discharge Planning
SOP 11-074 Ambulatory Evaluation and Treatment Center
SOP 11-087 Sedation and Anesthesia

I. Autopsies

1. Every member of the Medical and Dental Staff and housestaff is expected to actively purse permission for an autopsy, when appropriate. No autopsy shall be performed without legal, written consent of a relative or a

Return to Table of Contents

legally authorized agent, unless the jurisdiction or the case is remanded to the Medical Examiner as may be required by law. Autopsies should be requested whenever there is any clinical question about the proximate cause of death.

2. Pathology and Laboratory Medicine Service will inform the treating team when the autopsy will occur.

3. When an autopsy is performed, the provisional anatomic diagnosis will be recorded within twenty-four (24) hours. The completed autopsy report should be made a part of the medical record within sixty days.

4. Special pathological protocol, as required by the Armed Forces Institute of Pathology, must be followed for ex-POWs, those claiming Agent Orange or ionizing radiation exposure, and illness as a direct result of service during the Persian Gulf War.

5. The results of an autopsy will be communicated to the treating team and used in Service education and performance improvement efforts, where appropriate.

References:
38 CFR 17.155
VHA Handbook 1106.1: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=417
VHA Manual M-2, Part VI, Chapter 8: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=854
MCM 113-15 Autopsy Services

V. Physicians' Orders

A. General Requirements

1. All orders for treatment shall be entered into CPRS, dated and signed. When orders are entered in the computer, password-controlled electronic signatures will be required.

2. All orders for treatment will be administered only on the properly executed order of a member of the Medical and Dental Staff, or an authorized member of the medical or dental housestaff, or other practitioner granted the scope of practice to enter such orders.

3. Medication orders entered by medical students will not be accepted.

4. Verbal and telephone orders:

a. Verbal and telephone orders of authorized providers may be accepted by an RN, Pharmacist, or other practitioner granted the scope of practice to accept such an order. Such orders should be limited to emergent situations or unavoidable absence of the authorized provider.
Return to Table of Contents

The order, either verbal or telephonic, will be entered into the medical record and indicate the author.

b. In order to assure accurate transcription of verbal or telephone orders, the individual accepting such orders will utilize a process of "read-back" verification of the complete order to the authorized provider and require a confirmation of the read-back order before releasing or implementing the order. Verbal orders for the administration of pharmaceuticals require that the prescriber sign a verbal or telephone order within 24 hours.

5. Investigational drugs shall be dispensed and administered as authorized under MCM "Use of Investigational Drugs, Devises or Biological Products in Research Studies."

6. Self-administration of medication by inpatients shall be permitted only under conditions prescribed in SOP 11-001 "Physician & Dentist Orders" or, by exception, authorized by the Associate Chief of Staff and the Chief, Pharmacy Service, or his/her designee. This authorization must be obtained prior to initiation of medication self-administration.

7. During the event of computer downtime or failure, written orders will be used. The physician's signature shall be accompanied by the physician identifier number, dated and timed. Printed facsimiles may accompany, but not replace, signatures.

8. VA providers must comply with all Federal laws, including the Controlled Substance Act. Due to marijuana's classification as a Schedule I drug under the Controlled Substances Act, VHA Directive 2010-035 prohibits VA providers from completing forms seeking recommendations or opinions regarding a Veteran's participation in a state medical marijuana program.

If a Veteran reports participation in a state medical marijuana program to the clinical staff, that information is entered into the "non-VA medication section" of the patient's electronic medical record following established medical facility procedures for recording non-VA medication use. If a Veteran presents a prescription or authorization for medical marijuana to a VA provider or pharmacist, VA will not provide marijuana nor will it pay for the prescription to be filled by a non-VA entity.

B. Automatic Stop Orders

All drug and treatment orders are automatically discontinued at 1 p.m. on the last day of the period indicated in the SOP 11-001 "Physician and Dentist

Orders", unless a specific number of doses is ordered. The period of prescription begins the day the order is written.

C. Submission of Surgical Specimens

All tissues or foreign bodies removed at the time of surgery or other invasive procedure, including biopsies, shall be sent to Pathology and Laboratory Medicine Service where such examination as is deemed necessary to arrive at a diagnosis shall be performed. Certain specimens may be excluded, as approved by the MEB, on recommendation of the medical center pathologist. Exceptions will include teeth, hair, nail clippings and non-biological materials as appropriate.

D. Special Treatment Procedures

1. The following special treatment procedures require special documentation in the medical record by a staff physician and/or specific informed consent as necessary (see the Medical Center Memorandum which speaks to each):

a. DNR (Do Not Resuscitate), Advance Directive (AD), and Withholding or Withdrawal of Life Sustaining Treatment.

1) The policy of the St. Louis VAMC is to provide the highest quality medical care to patients and to practice in conformity with the highest ethical and medical standards.

2) Any licensed physician can institute a DNR order with attending physician concurrence; however, such orders must follow the policies and procedures as outlined in MCM 11-03 "Withholding or Withdrawal of Life Sustaining Treatment" and MCM 11-20 "Guidelines for Do Not Resuscitate (DNR) Procedures."

3) Any member of the Medical and Dental Staff for whatever reason, may choose not to be involved in writing DNR orders. Medical and Dental Staff membership is not dependent upon, nor doe s it require participation in, DNR decisions.

4) It is appropriate for surgeons and others attending to include a notification to the patient that a standing DNR order will be suspended during and immediately following surgery as a part of the consent form for any surgery. Of course, discussion of this point should be a part of the informed consent process. The decision and consent process, however, should allow that a patient and a surgeon could agree that the patient would not be

resuscitated should an arrest take place. Continuing a DNR order during surgery would be the exceptional case, but it should not be automatically precluded by policy if this is what the surgeon, the anesthesiologist, and the patient agree upon

b. Restraint, and Seclusion

1) Placing a patient in restraint and/or seclusion will be guided by MCM 00-04 (A-1) “Patient Rights and Responsibilities” and MCM 11-33 “Restraints and Seclusion”.

2) If a patient must be restrained and/or secluded, a physician’s order must be obtained within one hour of beginning seclusion or
Return to Table of Contents
restraint. A patient who is released from restraint for a trial period may be restrained again, without a new written order, provided restraint is for the same condition as previously restrained.

3) Requirements regarding maximum time an intervention may be used, periodic patient observation and documentation, both of observation and that the needs of the patient are attended to, are delineated in MCM 11-33 “Restraints and Seclusion.”

c. Involuntary Hospitalization

No patient in an involuntary hospitalization status will be discharged, released, or removed from this status except as prescribed in the Policies and Procedures of the Primary Care and Mental Health Services.

d. Multidisciplinary Care Planning

1) St. Louis VAMC utilizes, to the extent possible, a multi-disciplinary treatment team approach to patient care.

2) Each multidisciplinary team plan must be approved by a Medical and Dental Staff member who has clinical authority and/or responsibility for the patient. At no time will the Medical and Dental Staff member relinquish his/her responsibility as the treating physician to the multidisciplinary team.

3) Multidisciplinary planning for patients with psychiatric illness and/or substance abuse is governed by MCM 00-04 (A-1) “Patient Rights and Responsibilities” and the Policies and Procedures of the Mental Health Service.

e. Electroconvulsive Therapy (ECT)

ECT may be performed for treatment of appropriate diagnoses, with patient or surrogate informed consent, under the provisions and protection Policies and Procedures of the Mental Health Service.

References:
VHA Manual M-1, Part I: http://vaww.va.gov/publ/direc/health/manual/010101.DOC
VHA Manual M-2, Part X: http://vaww.va.gov/publ/direc/health/manual/021002.html
VHA Manual M-2, Part 1, Chapter 30: http://vaww.va.gov/publ/direc/health/manual/020130.html
MCM 00-04 (A-1) Patient Rights and Responsibilities
MCM 11-20 Guidelines for Do Not Resuscitate Procedures
MCM 11-03 Withholding or Withdrawal of Life Sustaining Treatment
SOP 11-001, Physician and Dentist Orders
MCM 11-33Restraints and Seclusion
MCM 11-40 Advanced Directives
MCM 11-22, Consent for Operative and Other Invasive Procedures

VI. Role of Attending Staff

A. Supervision of Residents and Non-Physicians

1. All housestaff carrying outpatient care responsibilities will be supervised by members of the Medical and Dental Staff in accordance with SOP 11-093 “Supervision of Residents”

2. Housestaff may write patient care orders and otherwise provide care for patients in accordance with approved policies, specific to each service, which delineate such responsibility.

3. A member of the Medical and Dental Staff will supervise all patient care activities performed by non-physicians (e.g., Physician Assistants, Nurse Anesthetists, and Nurse Practitioners, as well as medical students) unless otherwise specified in an approved Scope/Standard of Practice.

B. Documentation of Supervision

1. Members of the Medical and Dental Staff are responsible for, and must be familiar with, the care of each patient assigned to them. The attending physician is expected to fulfill his/her responsibility in the following manner:

a. An attending physician will direct the care of each patient and provide the appropriate level of supervision based on the patient’s condition, the likelihood of major changes in the management plan, the complexity of care, and their assessment of the experience and judgment of the resident being supervised. Documentation of supervision, at a frequency appropriate to the patient’s condition, will be made through a progress note, or addendum to the resident note, or counter-signature of or reflection of attending supervision as documented in the resident’s progress note. The latter may include notation that the attending physician (identified by name) had been

consulted and agrees with the course of care being provided for or planned.

b. The attending physician will document, by midnight following the day of admission, in a progress note, or by addendum to the "Physician's Admission H&P", concurrence with the resident's initial diagnosis and treatment plan. The progress note must be signed, dated, and identified as the attending note.

c. The attending physician will participate in attending rounds and be physically present in the facility for a sufficient period of time to provide appropriate supervision.

d. When the attending physician is unable to provide appropriate supervision, he/she will arrange coverage of care by another qualified member of the Medical and Dental Staff and document this in the medical record.

e. Medical histories and physical examinations performed by residents, nurse practitioners, or physician assistants must be counter-signed by an attending physician.

f. The attending physician will be responsible for all diagnostic and therapeutic interventions and provision of care in response to a patient's status or diagnosis. Housestaff are expected to keep attending adequately informed of any significant change in patient status, outcomes of studies performed, and response, or failure to respond, to therapy.

g. Free standing note. The attending physician, for surgical procedure or procedure requiring sedation, must document prior to the procedure, either his/her own progress note or addendum to the resident progress note, his/her agreement with the proposed procedure. In addition, the level of supervision during the course of a procedure must be documented in the record. Where appropriate, attending participation in decisions concerning post procedure care should also be documented.

h. An attending physician will sign the patient discharge summary.

i. An attending physician will co-sign all radiologic, nuclear medicine, and other special reports such as cardiac catheterizations, pulmonary functions, EMGs, autopsies, pathology reports, etc.

References:
VHA HANDBOOK 1400.1, Resident Supervision: http://vaww.va.gov/publ/direc/health/handbook/1400.1hk.pdf
VHA Handbook 1100.19, Credentialing and Privileging: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357
VHA Manual, M-2, Part I, Chapter 26: http://vaww.va.gov/publ/direc/health/manual/020126.DOC
MCM 11-33Consent for Operative and Other Invasive Procedures
MCM 136-32 Control of Medical Records

VII. Medical Records

A. Basic Documentation Requirements

1. Entries to, and completion of, the medical record will be accomplished in a timely manner, and will be dated and signed.

2. Documentation by all care providers is expected to be in CPRS unless the Medical Records Committee has granted a specific exception.

3. Cutting and pasting between notes is strongly discouraged. In any instance where text is copied from a prior note and not modified or updated, the origin of the text must be specifically cited.

4. Manual entry errors will be lined through once and initialed.
Upon discovery of erroneous textual content of completed electronic Progress Notes, Discharge Summaries, or other text-based documents, such documents shall immediately be amended to identify the content as inaccurate and the document withdrawn from patient care consideration. Erroneous content is defined to be text that is incorrectly associated with a patient or inappropriate for patient care documentation. Amended documents identified as "Entered in Error" shall be maintained within the electronic system "Entered in Error" tracking file. These documents will be unavailable under normal circumstances for view/display within the patient's clinical record."

5. Changes to the basic administrative requirements are the responsibility of the Medical Records Review Committee both for format and content of the medical record. The Medical and Dental Staff will approve substantive changes, including decisions regarding format, such as the way in which the electronic or paper record is maintained.

B. Basic Clinical Information Requirements

1. Medical record documentation will be complete and clinically pertinent. Clear and accurate manual and/or electronic entries will address clerical information (the history), specifics of physical examination, the diagnosis(es) or impression(s), results of diagnostic tests, therapy rendered, and clinical observations, including responses to treatment, risk factors that have bearing on treatment, patient condition, and progress. The inpatient record will also document condition at discharge, discharge disposition, medications, activity, and diet instructions.

2. The medical record will contain patient identification data, history, summary of the patient's psychosocial needs, reports of relevant physician examinations, diagnostic and therapeutic orders, evidence of informed

consent, where appropriate, and clinical observations. These shall include, but not be limited to, the results of therapy, reports of procedures and tests, and evaluation/treatment.

3. The attending physician is responsible for insuring that the medical record is complete and legible for each patient under his/her care.

C. Inpatient Medical Records

1. The inpatient record will include, but not be limited to, the following:

a. A pertinent admission assessment will be completed within 24 hours of admission. This will include the chief complaint, details of the present illness, a review of systems, relevant past social, family and medical/surgical/psychiatric history, functional status, a description of the conclusions, diagnosis(es), or impressions drawn from the admission history and physical examinations, as well as appropriate laboratory and radiologic procedures.

b. This document will reflect a comprehensives current assessment. It will be dated and signed by a physician. Physical examinations by medical students, interns, and other non-licensed physicians, nurse practitioners, or physician assistants, will be confirmed and co-signed by an attending physician. The comprehensive assessment will be periodically reviewed and updated thereafter, as appropriate.

c. Except in extreme emergencies, surgery or other procedures will be performed only after a history and physical examination, and any indicated laboratory and X-ray examinations have been completed, the pre-procedure diagnosis(es) has/have been recorded in the medical record, and the attending physician has concurred in writing with the assessment and plan for care.

d. Pertinent progress notes shall be recorded regularly. A progress note by a physician will be written at least daily for a critically ill patient or for any patient where achieving a diagnosis or managing clinical problems is difficult. Entries in the progress notes may be made by physicians, nursing staff, and/or other authorized individuals. Where appropriate, each of the patient's clinical problems will be clearly identified and correlated with specific plans/orders, as well as results of tests and treatment.

e. Consultations, when sought, will consist of the consultant's considered opinion and recommendations and reflect an examination of the patient and the patient's medical record appropriate to the

consultation. Consultants who undertake specific diagnostic or therapeutic procedures for hospitalized patients will do so only with the knowledge and concurrence of the attending physician responsible for the patient during his/her hospitalization.

f. A discharge summary will be dictated prior to discharge for every patient. It should contain sufficient information to justify the admission, the diagnosis(es), concisely recapitulate the hospitalizations, including the significant findings, the procedures performed and treatment rendered, the condition of the patient on discharge, and any specific instructions given to the patient and/or family, as appropriate. Instructions regarding physical activity after discharge, medications, diet, and follow-up care will also be included.

g. Final diagnoses (all relevant diagnoses established by the time the patient is discharged as well as those pre-existing or transient during hospitalization for which the patient received care while hospitalized) and all operative or other procedures performed will be recorded using acceptable terminology. A responsible practitioner should record these at the time of discharge of every patient.

D. Operative and Other Invasive Procedures

1. A pre-procedure assessment appropriate to the planned procedure shall be completed prior to the procedures and documented in the medical record.

2. Procedures performed with sedation or anesthesia will include a pre-sedation/anesthesia evaluation including informed consent, airway assessment, risk assessment, and plan.

3. When an initial history, physical examination, and assessment are not recorded before an operative procedure, the procedure will be canceled unless the attending physician states in writing that such a delay would be detrimental to the patient. Such a note must appear in the patient's medical record in the Progress Notes section and a history, physical examination, and assessment will be completed promptly, but no later than 24 hours after the procedure.

4. The physician/surgeon has the primary responsibility for verification of the patient, surgical site and procedure preformed.

   a. Patients requiring a procedure or surgical intervention will be identified by patient ID wristband with the patient's name, and social security number.
   b. A "Surgical Verification Checklist" will be utilized by the designated healthcare providers and by the RN for all applicable surgical procedures and shall include the following documentation:

i. Verification of the patient, correct site, & procedure in the preoperative or pre-assessment area.
ii. Assure that the site is verified by the physician/surgeon and marked when applicable prior to entering the OR or starting the procedure.
iii. Correlate and verify patient, procedure, and site against (if applicable) the informed consent, Surgical/Procedure scheduled, History & Physical, Progress notes and Imaging studies interpretationand/or X-ray films

c. Physician/Surgeon performing procedure or surgery will confirm correct procedure or site with the patient or responsible adult prior to start of procedure or entering the surgical site.

d. Each procedure or surgical intervention involving right/left distinction, multiple structures (such as fingers or toes), or levels (such as the spine) will be marked by the physician/surgeon in the physician's office or in the medical center's pre-operative assessment area with an indelible skin marker utilizing "yes" or initials as the identifiers on the appropriate site. "NO-MARK= NO SURGERY." When multiple sites involving laterality, multiple structures or levels are involved the identification, marking and verification steps will be repeated for each site individually.

e. There is a time-out to obtain verbal verification of patient identification, surgical site and intended procedure in the OR/Procedure Room by each member of the surgical team – (physician/surgeon, anesthesia provider, RN, surgical techs) prior to incision or start of procedure. The RN is responsible to ensure initiation and documentation of such.

f. Any discrepancy from the above procedure requires re-verification of the patient site and procedure by the physician/surgeon. The above guidelines could be waived in a life or limb-threatening emergency as proclaimed by the physician/surgeon.

5. Each operative or other procedure will be immediately documented by a brief progress note containing sufficient information to permit other caregivers to provide appropriate ongoing care. This note will contain the pre-operative or pre-procedure diagnosis, a brief description of findings, the type of anesthesia used, the technical procedure(s) used, a description of specimens removed, the post-operative or post-procedure diagnosis, the level of housestaff supervision, and the name of the attending supervising the procedure, as well as any assistants present. Progress note entries and operative or procedure reports are required for both in-patient and outpatient procedures.

6. A final operative or procedure report will be entered or dictated in the medical record and will document the details of the operation or procedure, including all information required in paragraph C. above. This will be dictated or entered immediately following the procedure.

E. Outpatient Records

1. Ambulatory Care records will include, but not be limited to:

a. Patient identification.
b. Relevant history of each illness or injury and or physical findings.
c. Allergies.
d. Clinical observations, including the results of treatment.
e. Treatment provided.
f. Diagnosis(es) and/or impressions
g. Diagnostic and therapeutic orders.
h. Patient disposition and any instructions given to the patient for care.
i. Referrals to other practitioners or providers in or out of the St. Louis VAMC.
j. Updates of information listed above, at the time of each visit.
k. A separate cumulative “Problem List” of known significant diagnoses, conditions, procedures, and drug allergies, their dates of onset and/or resolution.
l. A cumulative medication list containing prescribed medications. Over the counter medications used by the patient, and drugs prescribed elsewhere will be documented in the medical record. This list is to be updated as necessary.
m. A copy of the patient’s Advance Directive or living will, if one exists.

F. Authentication:

All entries in the medical record will be dated and authenticated. The authentication is to include the author’s signature and title (e.g., M.D., D.O., R.N., N.P., P.A., trainee status, etc.). When using CPRS, the user’s electronic signature block should also contain the appropriate title. Each clinical event is to be documented as soon as possible in relation to its occurrence. Only individuals given that right as specified in VA Directives and/or Medical Center Memoranda will make entries in the medical record. If a medical student makes an entry, the entry will be reviewed and authenticated by a licensed physician.

G. Consent for Release of Medical Information

Written consent of the patient or the patient’s legally qualified representative is required for the release of medical information to persons not otherwise authorized to receive the information. St. Louis VAMC is subject to federal

confidentiality statutes regarding the release of medical information. When there is doubt with respect to release of medical information contained in the medical record, Health Information Management Service (HIMS) should be consulted to assist in obtaining consent for release of information or interpreting the Privacy Act, Title 38 USC and relevant VHA directives.

H. Unauthorized Removal of Medical Records

No written medical record or electronic equivalent is to be removed from the hospital's jurisdiction except in accordance with a court order, subpoena or statute, which is congruent with Federal Law and VHA regulations. All records are the property of VHA and shall not otherwise be removed without permission of the Director. Unauthorized removal of, or electronic access to, any patient's medical record is grounds for suspension of clinical privileges or employment of the practitioner for a period to be determined by the Director. VHA disciplinary action may also be invoked.

I. Rules and Regulations Governing Medical Record Content

Medical records will conform to the Department of Veterans Affairs regulations, the Rules and Regulations of the Medical and Dental Staff and policies that are not in conflict with the above, which are approved by the MEB or the Medical and Dental Staff. The inpatient medical record, including the discharge summary, is to be completed within thirty (30) days following discharge. Associate Chiefs of Staff or Service Chief and the Medical Records Review Committee will be notified of practitioners' delinquent in completion of medical records; the practitioner may be subject to suspension of clinical privileges or employment. Such action will be determined by the MEB and implemented by the Chief of Staff or the Associate Chief of Staff or Service Chief.

References:
MCM BSL-MR-04 "Correction of Erroneous Information in Text Integration Utilities Documents
MCM 11-33Consent for Operative and other Procedures:
MCM BSL-MR-02 Control of Medical Records:
SOP BSL ROI-01 Record Control Release of Information
MCM 11-41 Correct Site Procedure/Surgery Policy
MCM 11- 87Anesthesia and Sedation Care

VIII. Practitioner Well Being Program

A. Under appropriate circumstances, the Chief of Staff may appoint a Practitioner Well Being Committee for the purpose of supervising a rehabilitation process/program for a member of the Medical and Dental Staff who is referred by a supervisor for, or voluntarily requests, intervention. The Practitioner Well Being Committee may be asked by the COS to serve as the monitoring body for a physician. Medical and Dental Staff from St. Louis VAMC will serve on that Committee when such monitoring is requested.

B. The Practitioner Well Being Committee may be a Sub-Committee of the PSB established in MCM 00-12.31 "Professional Standards Board." Under such circumstances, it will be comprised of no less than three (3) members of the Medical and Dental Staff. A technical advisor from HRMS shall assist the Committee. Members of this Committee, as it is from time to time constituted, should not serve concurrently as active participants on other peer review committees, nor should they have any conflict of interest in serving on this committee. The Practitioner Well Being Committee shall receive reports related to the health, well being, or impairment of Medical and Dental Staff members and may investigate such reports. The Committee may, on a voluntary basis, provide advice, counseling, or referrals as appropriate. Such activity shall be confidential. In the event the information received by the Committee clearly demonstrates that the health or known impairment of the Medical and Dental Staff member poses a risk to patients, the information may be referred for corrective action in accordance with VHA policies and regulations. The Practitioner Well Being Subcommittee of the PSB will meet as often as necessary. It will maintain such records of its proceedings as it deems advisable and shall report directly to the Chief of Staff as Chairman of the MEB and as President of the Medical and Dental Staff.

C. If the Practitioner Well Being Committee formally decided that the Medical and Dental Staff member should be referred for evaluation and/or treatment, this shall be done as recommended by the Missouri Board of Healing Arts. Generally, this will involve the development of a monitoring program to allow for restoration of clinical privileges.

D. The PSB, as a body, will determine the extent of restriction of any clinical privileges upon report of the Practitioner Well Being Subcommittee. A member's return to his/her previous clinical privileging status and the specifics of his/her monitoring program shall be governed by a contract with the member of the Medical and Dental Staff affected. The contract shall allow for reports from outside self-help groups such as 12-Step, Medical Society Aid Program, Diversion Program, and other such therapeutic groups and organizations. Participation by the Medical and Dental Staff member affected can be mandatory under the contract. The contract will allow for summary loss of privileges should the Medical and Dental Staff member, under the contact, fail to maintain performance or behavior standards as set forth therein. Due process rights may be limited to factual issues, not to the right of the PSB or the Department of Veterans Affairs to take action.

Reference:
MCM BSL-05-02 Employee Assistance Program
PCSL SOP 9 Occupational/Preventive Medicine Program

IX. Infection Control

A. St. Louis VAMC routinely uses "Universal Precautions," i.e., practices and procedures designed to prevent transmission of infectious agents when dealing with all patients, blood, body fluid and tissue specimens, or items contaminated by body fluids. All personnel, including Medical and Dental Staff, are required to wear appropriate

protective equipment, e.g., gloves, gowns, TB mask. The St. Louis VAMC is required to provide such medical equipment. St. Louis VAMC has adopted the practice of “universal precautions plus for patients known to harbor potentially pathogenic microorganisms of epidemiologic significance.

B. Hand Hygiene is the single most important action to prevent the transmission of infection. Hand Hygiene is accomplished by using antimicrobial soap and water or alcohol form. The St. Louis VA Medical Center Hand Hygiene program complies with CDC hand hygiene guidelines. Special Hand Hygiene programs address surgical and invasive procedure areas is outlined in SOP 11-031 Hand Hygiene.

The Infection Control Manual contains policies and procedures pertinent to infection control. These policies are to be followed by all members of the Medical and Dental Staff and other practitioners within the hospital. Policies referenced below govern hospital-wide practice. Specific unit or service level infection control policies are contained in Section IV of the manual.

0C. The possibility of exposure of persons to a communicable disease, either in the community or in the hospital, can result in the spread of infection to patients and other staff. Medical and Dental Staff will be included in immunization programs, offered therapy, and provided follow-up evaluation when inadvertent exposure occurs. It is each practitioner’s responsibility to report communicable diseases when they are diagnosed to the County Department of Health Services as required by law and outlined in SOP 11-21 “Infection Control Surveillance.”

References:
MCM 11--02 Medical Center Infection Control Program:
MCM 11-26 Tuberculosis Surveillance, Prevention and Control Plan:
MCM 001S-21 Environmental Safety & Sanitation Inspection Program
SOP 11-031 Hand Hygiene
SOP 11-21Infection Control Surveillance

X. Disasters

A. To ensure the safety of all Medical and Dental Staff and patients and to provide maximum support to the community while maintaining essential patient care activities during emergencies, the St. Louis VAMC has established a Master Emergency Plan. This plan will be rehearsed at least twice a year, and reviewed and updated at least once every two years by the Emergency Planning Committee.

B. The St. Louis VAMC, as mandated by Public Law 94-174, will actively support the Department of Defense (DOD) during, and immediately following, any national emergency as declared by the President or Congress. The St. Louis VAMC is notified by the Scott Air Force Base, the VISN 15 Director, or the Chief Network Officer of the VHA that such a disaster has occurred and that the plan is to be implemented.

C. In the event of a disaster in which the facility Emergency Management Plan has been activated, the Chief of Staff or designee, with authorization from the Director, may grant disaster privileges. The Medical and Dental Staff Office will be responsible for

verifying, as a top priority, pertinent information for emergency privileges. The process of granting disaster privileges is found in Article IV, Section 4.C., Disaster Medical and Dental Staff Privileges/Appointment.

References:
Public Law 94-174
MCM 11-44 Credentialing Medical Staff in the Event of a Disaster

Return to Table of Contents