



Part of the West Orange Healthcare Family

## Policy & Procedure

DEPARTMENT: Medical Staff	ORIGINAL: 01/07/2009	PAGE: 1 of 1
POLICY: Medical Staff Compliance Issue Resolution	REVIEWED:	
APPROVAL: MEC 01/26/2009 Board 01/27/2009	DATE:	REVISED:

**POLICY:** Medical Staff Compliance Issue Resolution

**PURPOSE:** To clearly define the process to be followed when practitioners are out of compliance with Medical Staff Bylaws, Rules and Regulations or hospital policies.

**OBJECTIVE:** To consistently deal with non-compliance issues in a progressive manner, focusing on re-education prior to any disciplinary actions.

**PROCEDURE:**

1. Compliance issues covered by this policy may include, but are not limited to, the following:
  - a. illegible handwriting;
  - b. use of unapproved abbreviations;
  - c. incomplete authentication of medical record entries; and
  - d. timely dictation of H&P and operative report
2. When a practitioner is deemed to be non-compliant, (2 times in 30 days or 3 times in 90 days) a letter shall be sent to the practitioner from the Medical Director of the appropriate department. The letter shall clearly state the non-compliance issue as well as the Health Central Medical Staff compliance expectations regarding the issue of concern.
3. Should a practitioner continue to be non-compliant after having been notified by the Medical Director, the issue shall be referred to the appropriate Section Chief.
4. The Section Chief shall then speak with the practitioner in person or by telephone, outlining again the issue of concern and the compliance expectations and shall document the conversation on a peer review form.
5. Should the compliance issue continue, the Section Chief shall refer the concern to the Practitioner Performance Improvement Committee and the practitioner shall be notified of the referral in writing, by certified letter.
6. The Practitioner Performance Improvement Committee shall review the referral at the next available meeting and may choose to:
  - a. require practitioner's presence at a future meeting to discuss the concern;
  - b. require practitioner attend continuing medical education regarding the issue of concern;
  - c. recommend referral directly to the Medical Executive Committee.