

# Houston Methodist Hospital Medical Staff Services New Physician & AHP Orientation

**2021**



# President's Welcome

Please click the link below to view a welcome & hospital overview from the President of the Medical Staff, Dr. Stuart L. Solomon, M.D. :

<https://vimeo.com/567047656>

# Houston Methodist System Information

*Our mission is to provide high quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research.*



*Whether you need a routine checkup, emergency services or advanced treatment that only a top specialist can provide, Houston Methodist has locations to serve your needs.*

- 7 community hospitals
- 1 Long Term Acute Care Hospital
- 8 Emergency Care centers
- 2 Comprehensive Care Center
- 160 Specialty Physician Groups
- 36 Primary Care Groups

<http://www.houstonmethodist.org/locations/>





Houston Methodist Global –  
caring for patients around the world.

<http://www.houstonmethodist.org/for-health-professionals/global-health-care-services/>

- Academic Affiliations
  - Weill Cornell Medical College
  - Weill Cornell Graduate School of Medical Sciences and New York Presbyterian Hospital
  - Texas A&M University Engineering Medicine School
  - University of Texas Medical Branch, Galveston
  - University of Texas, Houston
  - Baylor College of Medicine, Texas Medical Center

<http://www.houstonmethodist.org/education/gme-postgraduate/graduate-medical-education/#>



# Houston Methodist Hospital

HOUSTON  
**Methodist**<sup>SM</sup>  
LEADING MEDICINE

# Executive Leadership



Marc L. Boom, M.D., M.B.A., F.A.C.P., F.A.C.H.E.  
President and Chief Executive Officer  
Houston Methodist



Roberta Schwartz, Ph.D., FACHE  
Executive Vice President &  
Chief Innovation Officer



Gail Vozzella, MSN, RN, NEA-BC  
Senior Vice President of Operations & Chief Nursing Officer



Stuart Dobbs, M.D.  
Chief Quality Officer



Michael Garcia, Senior Vice  
President & Chief Operating Officer

# Executive Leadership



**Sharon Johnson**  
*Vice President*



**Cathy Williamson**  
*Vice President*



**Sarah Goff**  
*Vice President*



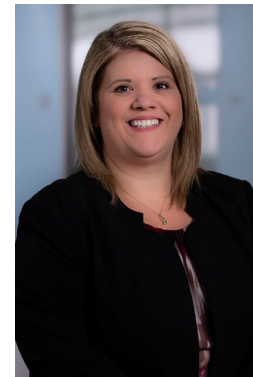
**Caroline Mascarenhas**  
*Vice President*



**Brenda Campbell**  
*Vice President*



**Mark Vassallo**  
*Vice President*



**Susan Zyllicz**  
*Vice President*

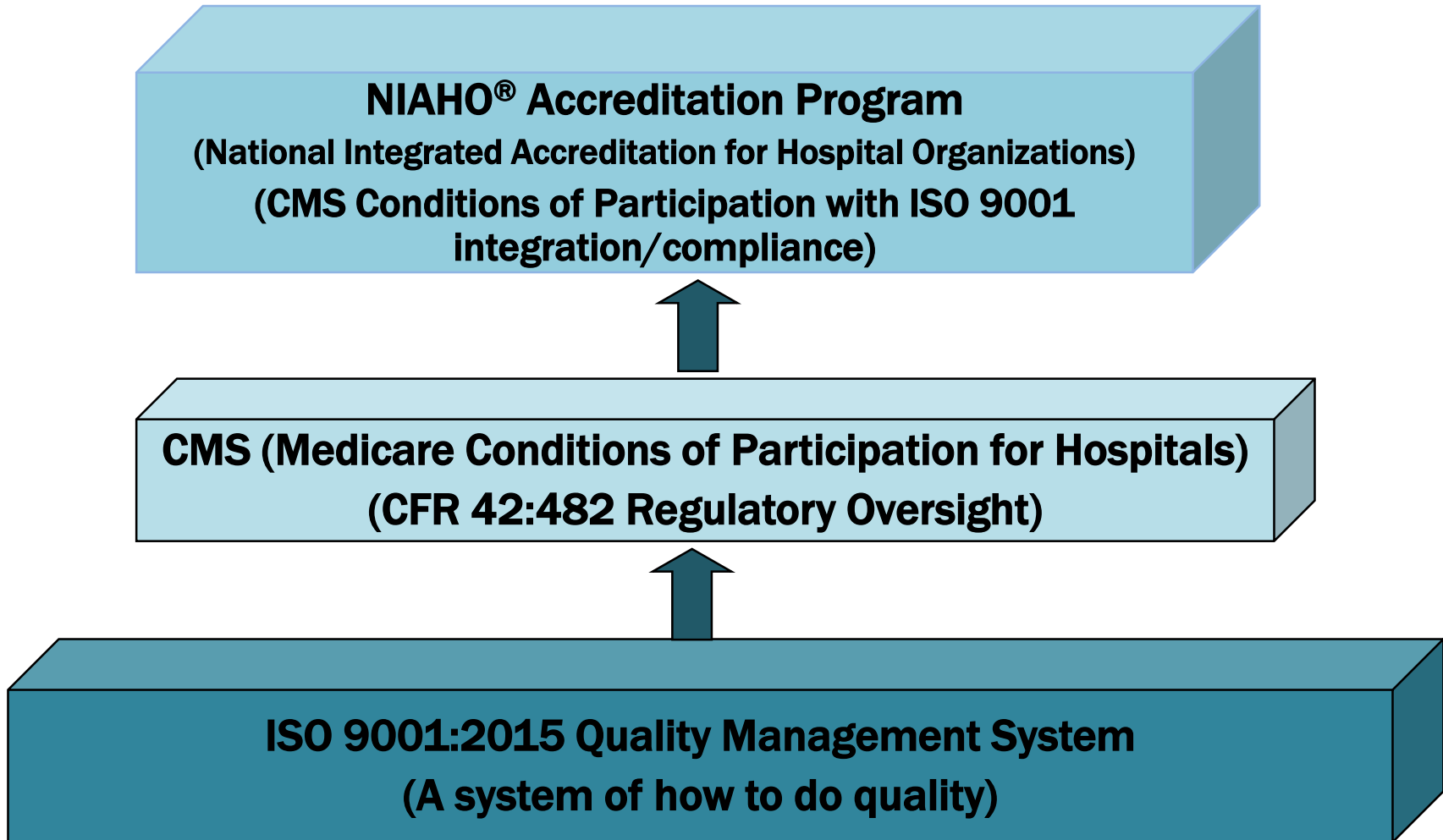
- The HMM Quality and Patient Safety Plan is the driver to the way the hospital operates and is the Quality Management Plan for the organization.
- The QMS follows the ISO standard with these main objectives
  - Top management defines the goals/objectives of the organization incorporating risk based thinking and provides resources, supports continual improvement and bases decisions on information from management review.
  - Risk based thinking and risk assessment drives quality.

In healthcare there are numerous regulatory, accreditation and certification bodies overseeing the hospital.

- They determine conformity or compliance with the regulations
- Regulatory surveys – unannounced, frequency varies
- Accreditation surveys – unannounced (accrediting to the regulations)
  - DNV GL is an accreditation organization that has “deemed status” from CMS to survey compliance with the Conditions of Participation.
  - The International Organization for Standardization (ISO) specifies requirements for a Quality Management System (QMS). HMM uses this standard to demonstrate the ability to consistently provide products and services that meet customer and regulatory requirements.

The CMS Conditions of Participation are supported in the DNV GL Accreditation Standards which include both CMS CoP and the ISO 9001:2015 Quality Management System. Together they make up the National Integrated Accreditation for Hospital Organizations (NIAHO).

# NIAHO® - ISO 9001 Infrastructure





ACCREDITATION – SYSTEM

Standards/ Requirements

Standards/  
Requirements

Training

Resources

Programs & Tools

Contacts



Return to System  
Accreditation Home  
Page

Standards/ Requirements
<ul style="list-style-type: none"><li>• <a href="#">CMS (State Operations Manual)</a></li><li>• <a href="#">DNV GL Health Care, NIAHO Requirements, Accreditation &amp; Certifications</a></li><li>• <a href="#">State of Texas Regulations &amp; Requirements</a></li><li>• <b>ISO 9001</b><ul style="list-style-type: none"><li>◦ <a href="#">ISO 9001:2015, Quality management systems – Requirements</a></li><li>◦ <a href="#">ISO 9000:2015, Quality management system – Fundamentals and vocabulary</a></li></ul></li></ul>

NIAHO: National Integrated Accreditation for Healthcare Organizations

ISO 9001:2015 International Quality Management System

# What should I do?

1. Follow your area's policies and procedures.
  2. Always remember to think about risk in any activity.
  3. Keep records of job duties to pass on to others.
  4. Document any information required for records.
- We say what we do in our policies, procedures and work notes.
  - We do what we say by following our standard procedures.
  - We document what we do for required records.



# Contacts

## Questions?

If you have further questions or wish to learn more about our regulatory compliance please contact any of the members of the Accreditation and Regulatory Department at HMH at the contact information below:

<b>Contacts</b>	
<i>Primary Contacts</i>	
<u><a href="#">Maria Gutierrez</a></u>	<b>Accreditation Associate</b>
phone:	713-441-6453
mail station:	A767
<u><a href="#">Karen Ward</a></u>	<b>Sr. Accreditation Specialist</b>
phone:	713-441-1095
mail station:	A758

# HOUSTON METHODIST VALUES



***“I choose to work at Methodist because it is a place with a soul.”***

- Dr. Michael E. DeBakey (1908-2008)

# Medical Staff Information

# Medical Staff Officers



Stuart Solomon, M.D.  
President, Medical Staff  
Cardiologist



Peter T. Nguyen, M.D.  
President-Elect, Medical Staff  
Nephrologist



Karla Kurrelmeyer, M.D.  
Secretary  
Cardiology



Kelty R. Baker, M.D.  
Past President  
Hematologist

# Department Chairs

Department	Chair	Elected Deputy Chair	Hospital Executive
Anesthesiology	Randolph H. Steadman, MD	Alfred L. Groen, MD	Cathy Williamson, VP
Cardiology	William Zoghbi, MD	Nadim Nasir, Jr., MD	Brenda Campbell, VP
Cardiovascular Surgery	Alan B. Lumsden, MD	Mahesh Ramchandani, MD	Brenda Campbell, VP
Family Medicine	Susan M. Miller, MD		Caroline Mascarenhas, VP
Medicine	Richard J. Robbins, MD	Kevin Grimes, MD	Caroline Mascarenhas, VP
Neurology	Stanley H. Appel, MD	Eugene C. Lai, MD	Sharon Johnson, VP
Neurosurgery	Gavin Britz, MD	Alfonso E. Aldama-Luebbert, MD	Sharon Johnson, VP
Obstetrics & Gynecology	Tristi W. Muir, MD	Meredith V. Morgan, MD	Sarah Goff, VP
Ophthalmology	Andrew G. Lee, MD	Charles C. Wykoff, MD	Cathy Williamson, VP
Oral & Maxillofacial Surgery	Jaime Gateno, MD, DDS	Terry D. Taylor, DDS	Cathy Williamson, VP
Orthopedic Surgery	Kevin E. Varner, MD	Stephen J. Incavo, MD	Sarah Goff, SVP
Otolaryngology	Masayoshi Takashima, MD	Apurva Thekdi, MD	Cathy Williamson, VP
Pathology	James M. Musser, MD, PhD	Alberta G. Ayala, MD	Mark Vassallo, VP
Pediatrics	Michael Speer, MD	Tiffany McKee-Garrett, MD	Sarah Goff, VP
Psychiatry	Benjamin L. Weinstein, MD	Alok Madan, Ph.D.	Mark Vassallo, VP
Radiation Oncology	E. Brian Butler, MD		Sarah Goff, VP
Radiology	Diego Martin, MD	Hani A. Haykal, MD	Mark Vassallo, VP
Surgery	Ahmed O. Gaber, MD	H. Randolph Bailey, MD	Cathy Williamson, VP
Urology	Timothy B. Boone, MD, PhD	Mark Sutton, MD	Cathy Williamson, VP

# Committees

## Medical Staff Committees

\*These committees have numerous sub-committees

Executive

Bylaws

Credentials

Code of Conduct

Committee Council

Quality Management\*

Nominating

Operating Room\*

Pharmacy & Therapeutics\*

Practitioner Health

Procedures & Criteria

Record

# Committee Service

Appointments to Medical Staff Committees are made by the President of the Medical Staff, in collaboration with other Medical Staff leaders. If you have an interest in serving on a Medical Staff or Hospital Committee, please contact the Medical Staff Services Department at 713-441-2194.

# Emergency Call

Houston Methodist Hospital has a defined process for specialty physician coverage in the Emergency Room. To learn more about your specialty's on-call process and responsibilities, please contact your Department Chair or the Medical Staff Services Department at 713-441-2194.



# Epic & Houston Methodist

*Epic is an integrated electronic health record that's helps us access robust patient information, provide better care, improve our communications, make more informed decisions and achieve quality health outcomes.*



To register for a training session, please email the Epic Training Team at [epictrainingmd@houstonmethodist.org](mailto:epictrainingmd@houstonmethodist.org) with your full name and specialty. Should you have any questions, please call 832-783-1591 or visit <http://epic.houstonmethodist.org/>.

# Peer Review Process

The peer review process at Houston Methodist Hospital is handled through the Medical Staff Quality Management Committee and its numerous sub-committees. Click the link to listen to an important message from John Buerger, M.D., Chair of the MSQM Committee about the Medical Staff peer review process.

<https://vimeo.com/194379934>

# Medical Staff Membership vs Privileges vs Status: Important Distinctions

# Membership

Membership on the Medical Staff of The Methodist Hospital is a privilege extended only to professionally competent Practitioners who continuously demonstrate that they meet the qualifications, standards, and requirements set forth in the Bylaws of the Medical Staff. The Practitioner must bring forward documentation or testimony that clearly persuades the Medical Staff and Board of Directors that the Practitioner can and does treat patients, professional peers, and employees in accordance with the mission, vision, and values of The Methodist Hospital, as well as the Bylaws of the Medical Staff, Rules and procedures of the Medical Staff.

Membership alone does not give a practitioner rights (privileges) to practice in the hospital nor does it alone confer a practitioner voting status.

# Allied Health Staff

The purposes of the Allied Health Professional Staff are to provide a mechanism so that all patients admitted to or treated in any of the facilities, departments, or services of the Hospital shall receive appropriate medical care. Only Allied Health Professional Staff who have documented their qualifications and current competence for the MLP category being requested and who have been approved by the Board may assist a supervising/delegating Staff member in the care and treatment of his patients in the Hospital. The applications of Allied Health Professional Staff requesting privileges to assist their supervising Staff member in the operating room will be reviewed and approved by the Chair of the Operating Room Committee (or his Designee) who may determine an interview with the Medical Director of the Operating Room or Chair of the Operating Room Committee prior to submission of the application to the Credentials Committee for approval is required.

Allied Health Professionals are not privileged to voting status.

# Hospital Privileges

Privileges granted to a practitioner determine what clinical activity is permitted within the hospital.

*Privileges are determined based upon...*

- 1) requested privilege(s),
- 2) qualifications,
- 3) current competency and
- 4) approval by the Board of Directors.



# Staff Status

- **Provisional Status** – Initial membership status for a period of up to 3 years. No voting rights are associated with this status.
- **Courtesy Status** – Does not require meeting attendance or a minimum number of patient contacts. No voting rights are associated with this status.
- **Active Status** – Requires significant contribution to organization (meeting attendance, patient activity or committee service). Active Staff members have voting rights.
- **Honorary/Emeritus** – Retired members of outstanding reputation. May not hold office but they do have voting rights.
- **Midlevel Professional** – Practitioners who have documented their qualifications and current competence as an Advanced Practice Nurse or Physician Assistant. No voting rights are associated with this status.
- **Independent Allied Health Professional** – Practitioners who have documented their qualifications and current competence as a Medical Scientist and/or Optometrist. No voting rights are associated with this status.

# Hospital & Patient Safety



# Stop the Line for Patient Safety

Click on the link below to meet Senior Houston Methodist leaders as they stress the importance of “stopping the line” for patient safety:

<https://vimeo.com/165479489>

*The use of patient restraints is limited to clinically appropriate situations, ensures patient safety and respects patient rights and dignity.*

A restraint is:

- Any manual method, physical or mechanical device, material, or equipment attached to the patient's body that restricts movement or immobilizes/reduces the ability of a patient to move his/her arms, legs, body or head freely.
- Medication used to restrict a patient's behavior that is not a standard treatment or dosage for the patient's medical condition (chemical restraint).
- Seclusion is to involuntarily confine the patient alone in a room or area from which the patient is physically prevented from leaving.

## *Use of restraints or seclusion:*

- Must be ordered by a physician or NP or PA functioning as an agent of the physician. The initial restraint/seclusion order must be given within a few minutes of application of restraints/implementation of seclusion.
- Must be time limited.
- Renewed daily for non-violent purposes and for violent restraints and seclusion renewal is based on age.
- Must be discontinued as soon as possible, based on individual assessment.

Please click the link below to see an overview on Hospital Quality from Dr. Stuart Dobbs, M.D., Chief Quality Officer:

<https://vimeo.com/226017555>

# Environmental Safety

In the event of a fire, call x8-3300 for Alkek, Annex, Dunn, Fonder/Brown, Main, Neurosensory and West Pavilion. For a fire in the Medical Towers, Scurlock, Smith or the Warehouse, dial 9-911. Remember...

**R** = Rescue anyone in immediate danger



**A** = Pull the nearest alarm (usually near elevators, stairwells & nurses stations)



**C** = Contain fire and smoke by closing doors



**E** = Extinguish the fire – if it can be done safely



# Emergency Codes

<b>Red</b>	<b>Fire</b>
<b>Blue</b>	<b>Cardiac Arrest</b>
<b>Pink</b>	<b>Infant/Child Abduction</b>
<b>Orange</b>	<b>Bomb</b>
<b>Purple</b>	<b>Security Needed</b>
<b>Yellow</b>	<b>Disaster</b>
<b>Silver</b>	<b>Activer Shooter</b>
<b>Gray</b>	<b>Severe Weather</b>
<b>Gold</b>	<b>Accreditation</b>

# Emergency Preparedness

See the links below for additional information on Emergency Preparedness at Houston Methodist Hospital:

- “Code Gray” – Severe Weather:  
[http://www/dept/Safety/Emergency\\_Guide/10.Severe\\_Weather\\_Plan.pdf](http://www/dept/Safety/Emergency_Guide/10.Severe_Weather_Plan.pdf)
- “Code Yellow” – Hospital Incident Command Activation:  
[http://www/dept/Safety/Emergency\\_Guide/7.Emergency\\_Operations\\_Plan.pdf](http://www/dept/Safety/Emergency_Guide/7.Emergency_Operations_Plan.pdf)
- Emergency Preparedness Flood Safety:  
[http://www.tmh.tmc.edu/dept/Safety/emergency\\_Management/tips2014/flood.pdf](http://www.tmh.tmc.edu/dept/Safety/emergency_Management/tips2014/flood.pdf)

The Emergency Preparedness Guide can be viewed here:

[http://www.tmh.tmc.edu/dept/Safety/Emergency\\_Guide/Guide.pdf](http://www.tmh.tmc.edu/dept/Safety/Emergency_Guide/Guide.pdf)

Anyone wishing more information regarding emergency procedures should contact The Methodist Hospital Environmental Health and Safety Department at 713-441-1036 during normal working hours. *For emergency assistance contact the Security Operations Center at 713-441-9511.*

# Business Practices



# Do the Right Thing

The overriding determinant in everyday actions at Houston Methodist is “do the right thing.” Tips to remember in making decisions are:

- Would you want the action reported on the six o'clock news?
- Would you tell your children or mother about it? If so, would you feel good about it?
- Does it pass the “smell” test?

# Do the Right Thing

## *Examples of doing the “right thing”*

- Comply with Bylaws of the Medical Staff
- Live Methodist values in all work interactions
- Report questionable practices
  - Department Chair
  - President of the Medical Staff
  - Senior Hospital Management
  - Business Practices Office at 713-383-5123
  - Ethics Line at 800-500-0333
  - Standards of Practice -  
[http://www.tmh.tmc.edu/dept/Service\\_Quality/Best/standards.pdf](http://www.tmh.tmc.edu/dept/Service_Quality/Best/standards.pdf)

# HIPPA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted into law on August 21, 1996 with the following objectives:

- Ensure health insurance portability;
- Reduce health care fraud and abuse;
- Improve the efficiency of health care delivery by standardizing the electronic exchange of certain administrative and financial data; and
- Provide security and privacy of health care information.

Houston Methodist Hospital utilizes and discloses patient information only for legitimate business purposes, as required or permitted by law.

Please view this link for practical advice to help you comply with privacy laws that govern how we share, use, access, and disclose protected health information associated with our patients.

<http://www.tmh.tmc.edu/dept/businesspractices/PP/Respecting.pdf>

# Stark Law

Referred to as the “physician self-referral law, the Stark Law prohibits a physician or immediate family member from making a referral to an entity for health services payable under Medicare/Medicaid, if the physician has a direct or indirect financial relationship with that entity, unless an exception applies.



# Compliance Measures

Houston Methodist Hospital takes several measures including the following, to insure compliance with the Stark Law:

- ✓ Contracts for payment of physician services
- ✓ Adherence to policies on discounts and professional courtesies
- ✓ Maintenance of records reflecting non-monetary compensation and incidental benefits, i.e., Doctors' Day Gifts, etc.

# Resources

# Campus Map



# Resources

- Pain Management Education
  - <http://www.tmh.tmc.edu/sugarland/Policies/CPG/index.htm>
- Biomedical Ethics Committee
  - <http://www.tmh.tmc.edu/BiomedicalEthics/index.htm>
- Use of Restraints at Houston Methodist Hospital
  - <http://www.tmh.tmc.edu/dept/MedStaff/Reference/restraints.pdf>



# Reference Materials

- Medical Staff Organizational Chart
  - [http://www.tmh.tmc.edu/dept/MedStaff/Org\\_Chart.pdf](http://www.tmh.tmc.edu/dept/MedStaff/Org_Chart.pdf)
- Hospital Leadership Organizational Chart
  - [http://www.tmh.tmc.edu/dept/Leadership\\_Org\\_Structure.pdf](http://www.tmh.tmc.edu/dept/Leadership_Org_Structure.pdf)
- Emergency Telephone Extensions
  - [http://www.tmh.tmc.edu/phone/emergenc\\_draft.htm](http://www.tmh.tmc.edu/phone/emergenc_draft.htm)

To access the Houston Methodist Intranet site from your home, go to the following site and logon with your HMH-assigned logon:

<https://apps.houstonmethodist.org>

# Governance Documents

➤ **Bylaws -**

<http://www.tmh.tmc.edu/dept/MedStaff/Governance/Bylaws.pdf>

➤ **Rules & Regulations -**

<http://www.tmh.tmc.edu/dept/MedStaff/Governance/Rules.pdf>

➤ **Fair Hearing Plan -**

<http://www.tmh.tmc.edu/dept/MedStaff/Governance/FHP.pdf>