

Forward

(very important)

Health care is serious business. It commands billions of dollars annually and employs millions of people. I begin this way to suck you into reading this Forward. Hah. Gotcha. People who read Forwards clearly need to get a life and not take things so seriously. I mean, if you really had something to do right now, you’d be working through the table of contents or index to get the answer so you could leave early and play golf, wouldn’t you? But noooooo . . . not you. You’ve got to read the Forward.

With the increase in the gross domestic product, annual expenditures on health care have now exceeded see gotcha again. This paragraph was actually designed to capture those who skim by reading only the first sentence. In case we missed you in the first paragraph, the message there was that people who read Forwards take themselves *way* too seriously. Please *do not* go back and read it if you are just now joining the rest of us.

Is everyone with us? No. We will now wait for all those who, contrary to instructions, went back to read the first paragraph. Those who skim first sentences, in my experience, also do not take orders. This will make the rest of this manual very rough going.

There is no reason under the sun why serious work has to be dull and boring. I begin with the assumption that your work is serious. I also assume that some of what you do is worse than watching paint dry. This manual tries to make your serious work a little easier and less resembling a viable alternative to elective gum surgery.

Who should read this manual? [This stand-alone paragraph is for the skimmers.]

The main target audience is the medical staff leader. As often as not, he (or she – and this is the last time I’m going to do this “he/she” stuff) is the poor misguided soul who said, “How bad could it be to be? I mean, how much time could it involve to be Chief of Staff?” Ranks right up there with, “If I take my men up through this valley at Little Big Horn, we should be all right.” This manual is written to, ahem, put a few more arrows in your quiver. Sorry.

Another target audience is the medical staff member herself. Most of you don’t know it yet, but there are many dramatic changes in your new medical staff documents. These changes affect meetings, elections, discipline and many other “daily life” issues. I think you’ll prefer reading about these changes here rather than parsing the originals. Think of this manual as the “Cliff’s Notes” for the Bylaws and Rules and Regulations. Of course, you’ll read the originals too, just like you did in college. Yeah, right.

Finally, hospital administration will profit from this work. Much of what medical staffs do cannot be done without the active cooperation and participation of the hospital, from top to bottom. All too often, though, the ways that the hospital fits into medical staff work is not written down and by no means standardized, much less understood. This manual reaches beyond the medical staff documents to try to tie what the medical staff does to how the hospital helps, and vice versa. To solidify this one-big-happy-family approach, the lyrics to “Kumbaya” appear as Attachment 14. (*See, especially*, verse 11: “Someone’s peer reviewing, Lord . . .”)

Medical staff work is not a laugh a minute, and neither is this manual. I do hope, however, that it will be a readable, usable guide to medical staff matters. At times, it will serve as a “how to” guide. At other times, I will raise questions but provide only standards for deciding, not decisions themselves. Sometimes, I will be unable to provide either. This will have less to do with my being a lawyer (Alleged motto: Maybe yes, maybe no) and more to do with the need to have medical staff decisions be *your* decisions and the unique product of *your* particular circumstance. Whatever the case, I hope you’ll read it, either bit-by-bit as needed or cover-to-cover as you prepare for leadership and your encounter with Sitting Bull.

Whichever you do, I strongly urge you to get busy right away. Remember: There are people who don’t read Forwards. They’re probably out on the first tee by now.

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