

## **CRNA Employment/Practice Setting Considerations**

### *Medical Staff Bylaws Checklist*

Understanding the governance structure and facility documents that affect CRNA practice is important for newly employed and tenured CRNAs. The following checklist and cross-referenced medical/professional staff bylaws framework provides a high-level overview of medical staff provisions and policies that CRNAs should review at the beginning of their practice in a new setting and periodically thereafter.

When beginning practice at a facility, CRNAs have an opportunity to educate facility leadership, show CRNA value, and advocate for the profession. They may have the opportunity to collaborate with the facility and medical staff to amend medical staff documents to accurately reflect CRNA practice.

Note that the opportunity to work with medical staff and the facility to amend current medical staff bylaws and other medical staff documents is a process that may develop over time, as the facility gets to know the individual CRNA and the importance of accurately reflecting CRNA practice in various documents.

When working with the medical staff and facility to revise medical staff bylaws, rules and regulations, policies, and procedures, consider the desired CRNA scope of practice and practice model. Do the bylaws include language that restricts the scope or delivery of CRNA services? Are there burdensome supervision, direction, or collaboration requirements? Identify changes to existing facility documents that would better reflect desired CRNA practice. CRNAs can encourage changes that support practicing to their full professional scope of practice and licensure and still comply with federal and state law and accreditation standards. Such positive changes may include removal of facility-imposed scope of practice barriers and supervision requirements that are unnecessary from a regulatory or accreditation standpoint, granting CRNAs full voting and due process rights as active medical staff members if permitted under state law, and authorizing CRNAs to serve in leadership roles or participate in committees.

This checklist provides a summary of items to look for in medical staff bylaws, as well as other medical staff documents that should be reviewed to determine the impact on CRNA practice. General guidance for initiating change in medical staff documents over time is also provided.

#### **Medical Staff Bylaws**

- During interview process, if not part of the credentialing packet, request a copy of the bylaws and relevant related documents (e.g., rules and regulations, policies, procedures, associated manuals).
- Bylaws generally describe medical staff organization, as well as rights and responsibilities of medical staff members, and relationship with the organization's governing body; more detailed provisions, such as department structure and patient care responsibilities, are often reflected in medical staff and department rules and regulations as well as policies and procedures, which may be easier to amend.
- Focus on provisions that may impact CRNA practice.

- ❑ To the extent that bylaws or other medical staff documents address scope or other practice requirements or restrictions (e.g., supervision, collaboration), these provisions should accurately reflect state law and other applicable external requirements.
  - Facilities/healthcare systems may choose to be more restrictive than federal, state, and local law or other external requirements. A practice environment that is more restrictive than required from a regulatory/accreditation standpoint may be an important consideration in your decision to practice at that facility/organization.
  - Legal considerations in bylaws and other medical staff documents should always be reviewed by an attorney to ensure that legal aspects included in the bylaws and other medical staff documents are compliant with local, state and federal law and are appropriate for each particular facility.

**Below are pertinent medical bylaw provisions that may impact CRNA practice as well as a reference identifying where these provisions can be found in the Medical/Professional Staff Bylaw Framework.**

Topic Area	Bylaw Section*
Classification of CRNAs <i>Preferred to be active medical staff members with full voting rights if state law allows</i>	5.2.1(vi) Advanced Practice Professionals (Pg 6)
Medical staff appointment eligibility	4.2 Qualification of Membership (Pg 2)
Credentialing Process	6. Appointment and Credentialing (Pg 8)
Medical staff appointment and reappointment process	
Clinical Privileges	7. Privileging (Pg 13)
Duties/responsibilities, including liability insurance requirements	4.6 Prerogatives and Responsibilities of Medical Staff (Pg 4)
Prerogatives (e.g., eligibility to serve in leadership positions or on committees )	
Rights (e.g., voting)	5.2.2 Privileges of Active Status (Pg 6)
Peer review/corrective action/fair hearing and appeal procedures/due process rights and protections/composition of fair hearing committee	8. Performance Improvement and Peer Review (Pg 18)  9. Corrective Action (Pg 22)  10. Fair Hearing Plan (Pg 27)
Roles and responsibilities of anesthesia department chair/director	11.4.2 Anesthesia Director (Pg 29)
Requirements for completing and documenting histories and physicals	4.6.5(ii) – 4.6.5(iii) (Pg 4)

\*Cross reference to AANA’s Medical/Professional Staff Bylaws Framework

**Other documentation to review for impact on CRNA practice**

- ❑ Code of conduct (may be incorporated into bylaws).
- ❑ Delineation of privileges.
- ❑ Medical staff and anesthesia department rules and regulations.

- Anesthesia department scope of service.
- Anesthesia department and relevant medical staff and facility policies and procedures.

### Initiating Change

- Develop and sustain leadership relationships.
- Develop a network for information sharing across departments.
- Participate in the development of policies and procedures.
- Participate on taskforces and committees (e.g., credentialing, medication management, quality, infection control, medical executive, bylaws, Advanced Practice Professionals).
- As you identify barriers to CRNA practice that are more restrictive than applicable law/accreditation standards, use your networking, resources and supporting materials to influence changes in policies, procedures, bylaws, department organization, etc.
  - Work with legal counsel to review federal, state, and local law, accreditation standards, and other applicable requirements to ensure consistency with legal requirements; obtain appropriate approvals prior to implementing changes.

### Resources

- [www.aana.com/PracticeManagement](http://www.aana.com/PracticeManagement)
- [www.aana.com/ProfessionalPractice](http://www.aana.com/ProfessionalPractice)
- [Introduction to Medical Staff Bylaws\\*](#)
- [Medical/Professional Staff Bylaws Framework\\*](#)
- [Anesthesia Rules and Regulations, Considerations\\*](#)
- [Anesthesia Rules and Regulations Framework\\*](#)
- [Anesthesia Department Scope of Services, Considerations\\*](#)
- Professional Practice Division  
[practice@aana.com](mailto:practice@aana.com)  
847-655-8870  
*Topic area: general practice, bylaws, and facility accreditation*
- State Government Affairs  
[sga@aana.com](mailto:sga@aana.com)  
847- 655-1130  
*Topic area: CRNA scope of practice, supervision, collaboration, or state law*

*\*Member Login Required*

### DISCLAIMER

This information does not constitute legal advice or legal opinion. AANA cannot provide a model or ideal set of bylaws as any set of bylaws must be tailored to individual facility and medical staff needs and circumstances. There is no one-size-fits-all strategy or best practice that every medical staff should adopt. The cross-referenced bylaws framework is not appropriate in every circumstance and is not complete. The template bylaws do not encompass the full range of medical staff governance, structure, or process options that exist. This document (including referenced sample language) is not exhaustive and will vary depending on the particular practice arrangement, setting, and applicable legal requirements. Federal, state, and local law and regulations should be consulted. Any individual or facility using this resource should consult with legal counsel in the applicable state to be properly advised of any laws, regulations, or legal considerations relating to bylaws, rules and regulations, and policy.

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