Appendix A

Engagement Degree of Difficulty Factors

Score your hospital. 1 Easier, 3 Harder			
Physician Involvement	Very high attendance at medical staff meetings; intense interest in hospital work; widely shared. 1	Physicians primarily relate to their departments where they do attend meetings and perform committee work; not so much interest in the medical staff activities as a whole. 2	A small group of physicians get called on to do everything; tough to get a quorum at the medical staff. 3
Departmental Cross Border Issues	Very few issues with cross-department privileges. 1	There are some departments and specialties where cross-departmental boundaries are being crossed and there are struggles. 2	There is open hostility among specialties regarding turf battles. 3
Medical Staff-Hospital Vision	The medical staff is clear about the hospital's quality vision and mission. (Same measurement among group practice members within a group. Substitute 'group' for 'hospital') 1	The medical staff understands the hospital has an interest in improved quality but does not understand its role in achieving it. 2	The medical staff has no idea what the hospital's vision of quality is. 3
Hospital-Physician Ventures	If the hospital engages with physicians in a variety of arrangements which provide medical directorships, gainsharing, joint ventures, payment for medical staff service or leadership or other relationships of financial support, those arrangements are doing well. 1	The hospital has a few relationships with selected physicians; some of these are secret. 2	The hospital has or has had JVs and more which failed or are failing and the taste lingers. 3
Physician Competition	The physicians see the hospital as their significant other and do not create competitive services outside of the hospital setting. 1	There have been limited forays into competition (e.g, ASCs, endo suites, imaging) but no real trouble. 2	The physicians openly compete. 3
Physician Employment/ Acquisition	Physician employment and acquisition strategies have gone smoothly with open communication and little concern from other medical staff/group members. 1	There is some restiveness among still independent medical staff members (or resistance to mergers in groups) as other physicians are employed and/or acquired and seen as competitors. 2	There is significant hostility to acquisition, merger and/or employment strategies and foment among medical staff members. 3
Integration Infrastructure	CPOE and EHR have been easily accepted and are widely deployed among all staff and group members. 1	Still in transition, there are pockets of acceptance and use but still pockets of resistance. 2	Initial efforts failed and there is considerable skepticism about new initiatives. 3
Management Stability	There is a high degree of confidence in management and leadership. 1	Management or leadership has changed recently or there are beginning rumblings of trouble. 2	There have been no confidence votes, terminations, and upheaval in management. 3
Currency of Medical Staff Bylaws	Bylaws are dynamic, up to date, reflect reality. 1	Bylaws revised in some measure in the last few years to reflect reality. 2	Bylaws have not been amended in years to reflect current state. 3
Medical Executive Committee Authority	Balanced: MEC is the Supreme Court for the staff; resolves inter-departmental feuds; procedural presumption it acts effectively. 1	MEC "represents" the medical staff: Board doesn't cede 'too much' power; approves officers and chairs; credentials committee reports to Board. 2	Civil Libertarian: individual physician rights dominate; high levels of due process; reactive and formalistic. 3
Board Engagement with Medical Staff on Quality	Direct Board-Medical Staff involvement, high input from medical staff, early role in quality activities. 1	Board watches quality, depends on administration for monitoring and surveillance of medical staff to be reported. 2	Board thinks quality is purely a medical staff responsibility; no real engagement. 3