

Includes Flash Drive!

Medical Staff

ESSENTIALS

Your Go-To Guide



The Joint Commission



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Table of Contents

Introduction.....ix

CHAPTER 1

Medical Staff Scope and Governance 1

SECTION SETS **Medical Staff and Bylaws**

PARTICULAR POINTS	Members of the Organized Medical Staff	2
EXCERPTS THAT EXPLAIN	The Significance of These Documents	2
INSTRUCTIVE INFOGRAPHICS	Differences Among Medical Staff Bodies	3
INSTRUCTIVE INFOGRAPHICS	Development and Enforcement of the Bylaws	4
INSTRUCTIVE INFOGRAPHICS	Types of Medical Staff Documents	6
CONCISE CONCEPTS	Details in the Medical Staff Bylaws	6
PARTICULAR POINTS	Force and Flexibility of Medical Staff Documents	7
EXAMPLES TO EXAMINE	Duties and Privileges of Medical Staff Categories.....	7
TOOLS TO TRY	Conflict Management Checklists.....	7
	Medical Staff Bylaws Evaluation Checklist.....	7
PARTICULAR POINTS	Basic Steps and Associated Details of Processes.....	7
CONCISE CONCEPTS	Compatibility of Medical Staff Documents.....	8
FOCUS ON FAQs	Medical Staff Policies Versus Organizational Policies	8
EXCERPTS THAT EXPLAIN	How Leaders Work Together.....	8
EXAMPLES TO EXAMINE	Medical Staff Documents	8
PARTICULAR POINTS	Required Collaboration on Amendments	9
CONCISE CONCEPTS	Leadership and Medical Staff Standards	9
PARTICULAR POINTS	Integrated Medical Staff for Deemed-Status Hospitals.....	9
CONCISE CONCEPTS	The Medical Executive Committee	10
PARTICULAR POINTS	Medical Staff as the Medical Executive Committee.....	10
EXCERPTS THAT EXPLAIN	The Vital Role of the Medical Executive Committee	10
INSTRUCTIVE INFOGRAPHICS	Functions of the Medical Executive Committee	11

SECTION SETS **Medical Staff Role in Care, Treatment, and Services**

PARTICULAR POINTS	What's in an H&P, per the Bylaws?	12
INSTRUCTIVE INFOGRAPHICS	Responsibility of H&P Content and Monitoring	13
FOCUS ON FAQs	H&Ps in Non-Inpatient Services.....	14
PARTICULAR POINTS	The Value of Communication and Collaborative Care	14
CONCISE CONCEPTS	Coordinating and Planning Care.....	14
INSTRUCTIVE INFOGRAPHICS	Fine Points of Oversight EPs	15
CONCISE CONCEPTS	Supervising Graduate Education Program Participants.....	16
TOOLS TO TRY	Professional Graduate Education Communication Record.....	16
INSTRUCTIVE INFOGRAPHICS	Professional Graduate Education Program Supervision Process ..	17

SECTION SETS	Medical Staff Role in Performance Improvement	
CONCISE CONCEPTS	Improvement as a Driving Force	18
PARTICULAR POINTS	Improving Performance for Pain Management and Opioid Prescribing	18
INSTRUCTIVE INFOGRAPHICS	Required Information in PI Efforts	19
TOOLS TO TRY	PI Participation Assessment Checklist	19
PARTICULAR POINTS	Barriers to Medical Staff Involvement in PI	19
SUCCESSFUL STRATEGIES	Medical Staff Scope and Governance	20
SCENARIOS TO STUDY	H&P Descriptions in Bylaws Documents	22

CHAPTER 2

Credentialing and Initial Appointment 27

SECTION SETS	Credentialing Basics	
INSTRUCTIVE INFOGRAPHICS	What Is Credentialing?	28
INSTRUCTIVE INFOGRAPHICS	Responsibility for Credentialing	29
PARTICULAR POINTS	The Credentials Committee	29
CONCISE CONCEPTS	The Importance of Credentialing	30
PARTICULAR POINTS	Consequences of Ineffective Credentialing	30
PARTICULAR POINTS	Credentialing Licensed Independent Practitioners	30
INSTRUCTIVE INFOGRAPHICS	Who Should Be Credentialed?	31
FOCUS ON FAQs	Credentialing PAs, APRNs, and Consultants	32
PARTICULAR POINTS	Credentialing Telemedicine Providers	33
SECTION SETS	Preapplication and the Application Process	
PARTICULAR POINTS	Deciding to Use a Preapplication	34
TOOLS TO TRY	Application Content Evaluation Checklist	34
PARTICULAR POINTS	State Laws About Applications	35
TOOLS TO TRY	Verification of Professional Liability	35
EXAMPLES TO EXAMINE	Standard State Credentialing Form	35
PARTICULAR POINTS	What to Give the Applicant	35
PARTICULAR POINTS	Verifying Applicant Identity	36
TOOLS TO TRY	Applicant Interview Checklist	36
SECTION SETS	Credentials Verification Process	
CONCISE CONCEPTS	Critical Credentialing Criteria	37
PARTICULAR POINTS	Primary Source Verification for Credentialing	38
INSTRUCTIVE INFOGRAPHICS	Designated Equivalent Sources	38
PARTICULAR POINTS	Verifying Current Licensure Using Primary Sources	39
TOOLS TO TRY	Credentials Verification Record	39
INSTRUCTIVE INFOGRAPHICS	License Verification as Education Verification	40
PARTICULAR POINTS	Using a CVO to Verify Education and Training	41
CONCISE CONCEPTS	Evaluation Limitations of a CVO	41
TOOLS TO TRY	CVO Evaluation Checklist	41
CONCISE CONCEPTS	Verifying Current Competence	42
TOOLS TO TRY	PA General Competencies Assessment Checklist	42

EXCERPTS THAT EXPLAIN	General Competencies	43
INSTRUCTIVE INFOGRAPHICS	Application Red Flags	44
TOOLS TO TRY	Application Red Flags Assessment Checklist	45
PARTICULAR POINTS	Verification of Challenges to a License	45
SECTION SETS Appointment to the Medical Staff		
CONCISE CONCEPTS	Process for Appointment to the Medical Staff	46
TOOLS TO TRY	Medical Staff Membership Evaluation Checklist	46
INSTRUCTIVE INFOGRAPHICS	Types of Medical Staff Membership	47
SUCCESSFUL STRATEGIES Credentialing and the Initial Appointment Process		
SCENARIOS TO STUDY Credentialing and Appointment Processes		

CHAPTER 3

The Privileging Process 57

SECTION SETS Scope of Practice

CONCISE CONCEPTS	Health Care Changes and Scope of Practice	58
PARTICULAR POINTS	Supporting Existing and Expanded Privileges	58
INSTRUCTIVE INFOGRAPHICS	Scope of Practice Considerations	59
INSTRUCTIVE INFOGRAPHICS	Classification Systems for Privileges	60
FOCUS ON FAQs	Core/Bundle Definition and Implementation	61
EXAMPLES TO EXAMINE	Core Privileges Form	61

SECTION SETS Privileging and Reprivileging

PARTICULAR POINTS	Defining Privileging Criteria	62
CONCISE CONCEPTS	Importance of Preestablished Criteria	62
INSTRUCTIVE INFOGRAPHICS	Types of Privileging Criteria	63
PARTICULAR POINTS	New Privileges and Professional Practice Evaluations	63
INSTRUCTIVE INFOGRAPHICS	Preceptors and Proctors to Evaluate Competence	64
TOOLS TO TRY	Proctoring Policy Evaluation Checklist	65
PARTICULAR POINTS	Benefits of Proctoring	65
TOOLS TO TRY	Surgical Procedure Assessment Checklist	65
INSTRUCTIVE INFOGRAPHICS	The Privileging Process	66
INSTRUCTIVE INFOGRAPHICS	Evaluating the Privileging Process	67
TOOLS TO TRY	Procedure for Evaluating Privileging Process Checklist	67
	Credentialing and Privileging Tracer Questions	67
FOCUS ON FAQs	Who Is a Peer?	68
INSTRUCTIVE INFOGRAPHICS	Sources for Peer Recommendations	69
PARTICULAR POINTS	Required Content of Peer Recommendations	69

SECTION SETS Applicant Evaluation and Recommendations Process

CONCISE CONCEPTS	Meeting Privileging Requirements	70
INSTRUCTIVE INFOGRAPHICS	Medical Staff Membership and Privileges	70
CONCISE CONCEPTS	Fairness of the Approval Process	71
INSTRUCTIVE INFOGRAPHICS	The Recommendation Process	71
PARTICULAR POINTS	Duration of Privileging and Timeliness of Approval	72

FOCUS ON FAQs	Governing Body Approval Date	72
INSTRUCTIVE INFOGRAPHICS	Reasons for Denying Privileges	73
PARTICULAR POINTS	When Privileges Are Denied	74
CONCISE CONCEPTS	Proof of Qualifications and Competence	74
PARTICULAR POINTS	Decision-Making Language in Medical Staff Membership and Privileging	74
SECTION SETS Expedited Privileging and Temporary Privileging		
PARTICULAR POINTS	Responsibilities for the Expedited Process	75
INSTRUCTIVE INFOGRAPHICS	Ineligibility for Expediting	76
PARTICULAR POINTS	Reasons for Granting Temporary Privileges	76
INSTRUCTIVE INFOGRAPHICS	Criteria to Verify for Temporary Privileges	77
INSTRUCTIVE INFOGRAPHICS	Leadership Approvals in Temporary Privileging	78
PARTICULAR POINTS	Medical Staff Responsibility for Disaster Privileging	78
EXCERPTS THAT EXPLAIN	Disaster Privileging Versus Assigning Disaster Responsibilities . . .	79
TOOLS TO TRY	Disaster Privileging Tracer Questions	79
EXAMPLES TO EXAMINE	Disaster Privileging Policy	79
SUCCESSFUL STRATEGIES The Privileging Process		
SCENARIOS TO STUDY Revision of Privileging Forms and Process Steps		

CHAPTER 4

Ensuring Continuous High Performance 89

SECTION SETS Professional Practice Evaluations—FPPEs and OPPEs		
CONCISE CONCEPTS	What Is the Focus of an FPPE?	90
PARTICULAR POINTS	When to Use an FPPE	90
INSTRUCTIVE INFOGRAPHICS	Required Components of an FPPE Process	91
FOCUS ON FAQs	FPPE Predefined Process	91
INSTRUCTIVE INFOGRAPHICS	Factors in the Duration of an FPPE	92
PARTICULAR POINTS	Evaluating Groups of Privileges in an FPPE	92
CONCISE CONCEPTS	How an FPPE Affects Other Privileges	92
INSTRUCTIVE INFOGRAPHICS	Criteria and Triggers for an FPPE	93
INSTRUCTIVE INFOGRAPHICS	The FPPE Process	94
TOOLS TO TRY	FPPE Procedure Checklist	94
CONCISE CONCEPTS	Who Undergoes OPPEs?	95
PARTICULAR POINTS	OPPEs and Privileging	95
FOCUS ON FAQs	Frequency of an OPPE	95
PARTICULAR POINTS	Benefits of OPPEs	96
INSTRUCTIVE INFOGRAPHICS	Information for Performance Evaluations	96
INSTRUCTIVE INFOGRAPHICS	Defining Which OPPE Data to Collect	97
PARTICULAR POINTS	Performance Measures for OPPEs	98
TOOLS TO TRY	OPPE Evaluation Checklist	98
	Performance Data Sources Assessment Checklist	98
PARTICULAR POINTS	Data Measures for Professional Practice Evaluations	98
TOOLS TO TRY	Zero Data Assessment Checklist	99

FOCUS ON FAQs	Using Data from Another Organization for an OPPE	99
INSTRUCTIVE INFOGRAPHICS	Evaluation Results and Follow-Up Actions	100
CONCISE CONCEPTS	The Purpose of Continuing Education	101
PARTICULAR POINTS	Continuing Education for Privileged Practitioners	101
INSTRUCTIVE INFOGRAPHICS	Continuing Education Needs Assessment	102
SECTION SETS Responding to Concerns About a Practitioner		
CONCISE CONCEPTS	Internal Reporting Processes	103
PARTICULAR POINTS	Adverse Privileging Decisions	104
INSTRUCTIVE INFOGRAPHICS	How the NPDB Works	104
INSTRUCTIVE INFOGRAPHICS	Fair Hearing and Appeal Process	105
EXCERPTS THAT EXPLAIN	Full Consideration and Reconsideration	105
EXAMPLES TO EXAMINE	Fair Hearing and Appeals Policy	105
PARTICULAR POINTS	Eligibility for the Fair Hearing and Appeal Process	106
INSTRUCTIVE INFOGRAPHICS	Hearing and Appeal Process Requirements	106
EXCERPTS THAT EXPLAIN	Facilitating Practitioner Rehabilitation	107
PARTICULAR POINTS	Corrective Action and Legal Requirements for Practitioner Health	107
TOOLS TO TRY	Practitioner Health Assessment Process Evaluation Checklist . . .	107
SECTION SETS Reappointment and Reprivileging		
PARTICULAR POINTS	Goals of Reappointment and Reprivileging	108
TOOLS TO TRY	Reappointment and Reprivileging Application Assessment Checklist	108
INSTRUCTIVE INFOGRAPHICS	Comparisons to Initial Processes	109
PARTICULAR POINTS	Relinquishing Privileges	110
CONCISE CONCEPTS	Making Reappointment and Reprivileging Decisions	110
EXAMPLES TO EXAMINE	Request for Renewal of Clinical Privileges	110
SUCCESSFUL STRATEGIES Ensuring Continuous High Performance		
SCENARIOS TO STUDY FPPE and OPPE Process Improvements		
Appendix A: Examples to Examine		119
Appendix B: Tools to Try		187
Appendix C: Medical Staff Standards and Related Standards		231
Glossary		255
Index		261

Introduction



Safe, high-quality health care is possible only when you have qualified, competent people providing that care. But it's not always easy to know what to do to make sure your medical staff is the best it can be. Credentialing and privileging, creating and amending bylaws documents, recommending practitioners for membership on the medical staff, evaluating and reevaluating

competence, overseeing care, and improving performance: All these functions are critical to successfully selecting and managing your medical staff. The organized medical staff performs most of these functions with support from other medical staff professionals, but all medical staff in the organization need to understand these functions.

The Joint Commission's Medical Staff (MS) standards provide a detailed description of the medical staff's roles and responsibilities. *Medical Staff Essentials* is designed to be your go-to guide on these standards and how they relate to the following topics:

- Medical staff bylaws
- Credentialing and privileging
- Appointment to the medical staff
- Competence assessment
- Professional practice evaluations

Audience for This Book

This book is written for anyone at your hospital or critical access hospital who handles or is involved with Joint Commission MS standards compliance. Typically, this includes people from the following groups:

- Governing body
- Organized medical staff
- Medical staff
- Medical executive committee
- Credentialing committee
- Hospital administration
- Medical staff services
- Survey coordination team
- Accreditation team
- Legal counsel
- Performance improvement team
- Risk management team

Structure of This Book

Medical Staff Essentials is a clear, concise, accurate reference that breaks down complex concepts into easy-to-digest pieces. You can read them in order, or you can jump to the topic you need. The book includes four chapters:



- **Chapter 1 Medical Staff Scope and Governance:** This chapter describes the differences between medical staff and organized medical staff and their relationships with the governing body. It talks about how these two groups share responsibility for creating, approving, and amending medical staff bylaws. And it explains the differences between bylaws, rules and regulations, and policies. Finally, this chapter addresses the medical staff's role in providing oversight of care, treatment, and services, including involvement via performance improvement.
- **Chapter 2 Credentialing and Initial Appointment:** This chapter outlines who needs to be credentialed and privileged and how that's accomplished. It focuses on the credentialing process as it applies to new practitioners, from application to verification to making a decision. It also discusses appointment to the medical staff and how that process is different from credentialing.
- **Chapter 3 The Privileging Process:** This chapter takes you through the privileging process. It describes how the process applies to privileges requested by new practitioners and existing practitioners. It describes the need for a defined scope of services and a set of established privileging criteria. In addition, it explains special kinds of privileging situations, such as temporary privileges and disaster privileges, and how to deal with them.
- **Chapter 4 Ensuring Continuous High Performance:** This chapter takes a closer look at how to make sure your medical staff members maintain the level of skill and competence that got them credentialed and privileged in the first place. It explains focused professional performance evaluations (FPPEs) and ongoing professional performance evaluations (OPPEs)—what they are and how and when they're used. This chapter also provides information on the fair hearing and appeals process, evaluating physician health, and continuing education for practitioners. And it covers the importance of, and process for, reprivileging and reappointing.

Several appendixes and a glossary of terms are included in this book as well. They contain important materials you need to get the most out of this book, as follows:

- **Appendix A Examples to Examine*:** These are actual documents used in the real world by hospitals like yours. You can refer to them as practical examples when creating your own documents.
- **Appendix B Tools to Try*:** This appendix provides more than 20 downloadable, writable checklists and other tools that you can adapt for use in your hospital. They're designed to be easy to use yet comprehensive.
- **Appendix C Medical Staff Standards and Related Standards:** This appendix lists the Joint Commission MS standards, introductions, rationales, and elements of performance from the current *Comprehensive Accreditation Manual for Hospitals*. It also includes a list of standards from other chapters of the manual that relate to medical staff issues.

* Print edition: Download from the flash drive. E-book edition: Download via the links.

- **Glossary:** This section defines all the terms listed in each chapter. If you're using the electronic version of this book, clicking or tapping the hyperlinked terms in the text when they first appear will bring you to the glossary.

A New Approach: From Information to Application

Understanding and applying the MS standards has always been challenging. After all, these standards deal with the myriad issues of managing clinical practitioners in a hospital. To help you understand the MS standards, Joint Commission Resources has published three editions of *The Medical Staff Handbook*, the most recent one in 2011. Although the MS standards haven't changed much since then, the way information is shared has changed. You now get much of your published information in accessible and succinct chunks—often framed in a mobile device and/or online in brief text blocks, bulleted lists, and informational graphics (infographics). Also, the information itself is more practical than theoretical; it's often intended to be immediately applicable: Read it and use it. This reflects an understanding that consumers don't have much time to spare to get the information and tools they need right now.

In response to this development in learning and publishing, Joint Commission Resources has created a new approach for some of its books—one that makes even difficult content easier to read and use. *Medical Staff Essentials* uses this new approach to offer new information as well as updated content from the most recent edition of *The Medical Staff Handbook*.

The content is presented in a way that takes you swiftly from information to application. Each chapter starts with a brief introduction and then presents information through a series of short, recurring features. These features are written to stand alone, although they do follow a logical order within the chapter. To help you quickly find what you're looking for, the features are grouped into sections related to a set of specific MS standards. Each chapter contains several sections that include one or more of each of these features, which are described below.

- **Terms & Topics:** This feature appears right after the introduction to each chapter. It contains a list of terms (defined in the glossary) that you'll encounter in the chapter. It also lists the topics covered in the chapter sections and the relevant standard(s) for each. Each topic has its own section in the chapter, introduced by a "Section Sets" feature (described next). For those using the electronic version of this book, these terms and standards are hyperlinked.
- **Section Sets:** This feature is used to open a section on one of the topics listed in the Terms & Topics feature. It provides a brief description of the main issues covered in the relevant standards for the topic and includes the text of relevant standards as well (and sometimes elements of performance).
- **Concise Concepts:** This feature briefly summarizes an idea that is perhaps self-explanatory but important enough to emphasize. The idea is phrased in one or two sentences, which are broken down to highlight and clarify the concept in terms of who, what, when, where, why, and how.



**Terms
& topics**

SECTION SETS

**CONCISE
CONCEPTS**

Examples to Examine

EXCERPTS that EXPLAIN

FOCUS ON FAQs

INSTRUCTIVE INFOGRAPHICS

PARTICULAR POINTS



SUCCESSFUL STRATEGIES

Scenarios to Study

- **Examples to Examine:** This feature provides practical, real-world examples of documents used by hospitals. These examples are intended to serve as references when creating your own documents. A brief description of each example is included in the text, and the example itself can be found in Appendix A.
- **Excerpts that Explain:** This feature shares relevant excerpts from sources such as the introductions and rationales for Joint Commission standards from the *Comprehensive Accreditation Manual for Hospitals*.
- **Focus on FAQs:** This feature highlights frequently asked questions from The Joint Commission's website. These are real questions asked by hospitals and answered by members of the Standards Interpretation Group (SIG).
- **Instructive Infographics:** This feature incorporates a graphic element, an infographic, or an illustration that makes important information more clear. It's often used to depict relationships, decision-making criteria, or a process.
- **Particular Points:** This feature uses bulleted lists to highlight important information. These points are also used to explain fine points of distinction or interpretation of MS standards and related concepts.
- **Tools to Try:** This feature includes checklists, forms, and other tools you can adapt for use in your hospital. The feature includes a brief description of a tool and how it's used, and the tool itself can be found in Appendix B. More than two dozen downloadable, writable tools are provided in this book.
- **Successful Strategies:** This feature, which appears toward the end of each chapter, contains a series of bulleted lists. These lists provide strategies or tips to help you address some of the issues covered in the chapter.
- **Scenarios to Study:** This feature, which closes out each chapter, focuses on MS compliance issues that are frequently discovered in hospital surveys. The issues relate to the standards covered in the chapter. Each scenario describes a process or an approach to address the issues. It also includes a flowchart or diagram to illustrate application of the approach.

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Joint Commission Resources (JCR) would like to thank the contacts at organizations who provided examples that illustrate their high-quality efforts in creating bylaws, credentialing, privileging, and assessing competence and performance.

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Medical Staff Scope and Governance

As the population in the United States ages, more people need health care, and that care is becoming increasingly complex. At the same time, patients have greater expectations about their health care: They want it to be safe and high quality, but they also want it to be cost-effective. More patients, increasingly complex care, and greater expectations: How do hospitals like yours handle these demanding challenges? An engaged and well-qualified [organized medical staff](#) can play a critical role in that effort—by driving day-to-day operations, ensuring excellent care, and supporting [performance improvement](#) work among the [medical staff](#). The Joint Commission’s Medical Staff (MS) standards discuss these vital functions. This chapter addresses the first few MS standards, which cover the following roles and responsibilities of the organized medical staff:

- Creating and maintaining [medical staff bylaws](#) and [medical staff rules and regulations and policies](#)
- Providing clinical oversight of patient care, treatment, and services
- Participating in performance improvement activities

A variety of graphic organizers and tools are presented in this chapter to help you understand the important ideas in the relevant standards. The chapter ends with a set of strategies for compliance with the standards and a scenario that shows you how the standards are applied in a real-world situation.



Terms & topics

glossary terms

[deemed status](#), [governing body](#), [history and physical \(H&P\)](#), [licensed independent practitioner](#), [medical executive committee \(MEC\)](#), [medical staff](#), [medical staff bylaws](#), [medical staff rules and regulations and policies](#), [organized medical staff](#), and [performance improvement](#)

chapter topics

Medical Staff and Bylaws ([MS.01.01.01](#), [MS.01.01.03](#), [MS.01.01.05](#), [MS.02.01.01](#)), Medical Staff Role in Care, Treatment, and Services ([MS.03.01.01](#), [MS.03.01.03](#), [MS.04.01.01](#)), Medical Staff Role in Performance Improvement ([MS.05.01.01](#), [MS.05.01.03](#))

SECTION SETS

Medical Staff and Bylaws

The standards in this set are the first four in the “Medical Staff” chapter of the *Comprehensive Accreditation Manual for Hospitals*. They cover fundamental concepts for understanding other MS standards. Specifically, they deal with documents that define the actions of the medical staff in an organization—the medical staff bylaws—and who creates and maintains them.

- ⦿ **MS.01.01.01:** Medical staff bylaws address self-governance and accountability to the [governing body](#).
- ⦿ **MS.01.01.03:** Neither the organized medical staff nor the governing body may unilaterally amend the medical staff bylaws or rules and regulations.
- ⦿ **MS.01.01.05:** *For hospitals that use Joint Commission accreditation for [deemed status purposes](#):* Multihospital systems can choose to establish a unified and integrated medical staff in accordance with state and local laws.
- ⦿ **MS.02.01.01:** There is a medical staff executive committee.

PARTICULAR POINTS

Members of the Organized Medical Staff

- Who can be members of the organized medical staff? It varies: Some hospitals allow only doctors of medicine and osteopathy; others allow [licensed independent practitioners](#) such as dentists, podiatrists, psychologists, optometrists, and nurse practitioners.
- The Joint Commission allows hospitals with multiple inpatient care sites to have more than one organized medical staff, each with different membership requirements, if they meet certain eligibility requirements. Eligibility is covered in the *Comprehensive Accreditation Manual for Hospitals*.
- Hospitals that seek deemed status, however, must have a single organized medical staff, per LD.01.05.01. And a doctor of medicine or osteopathy, or if state law allows, a dental surgeon, dentist, or podiatrist must be responsible for the conduct and organization of the medical staff.

EXCERPTS that EXPLAIN

The Significance of These Documents

To support its work, and its relationship with and accountability to the governing body, the organized medical staff creates a written set of documents that describes its organizational structure and the rules for its self-governance. These documents are called medical staff bylaws, rules and regulations, and policies. These documents create a system of rights, responsibilities, and accountabilities between the organized medical staff and the governing body, and between the organized medical staff and its members. Because of the

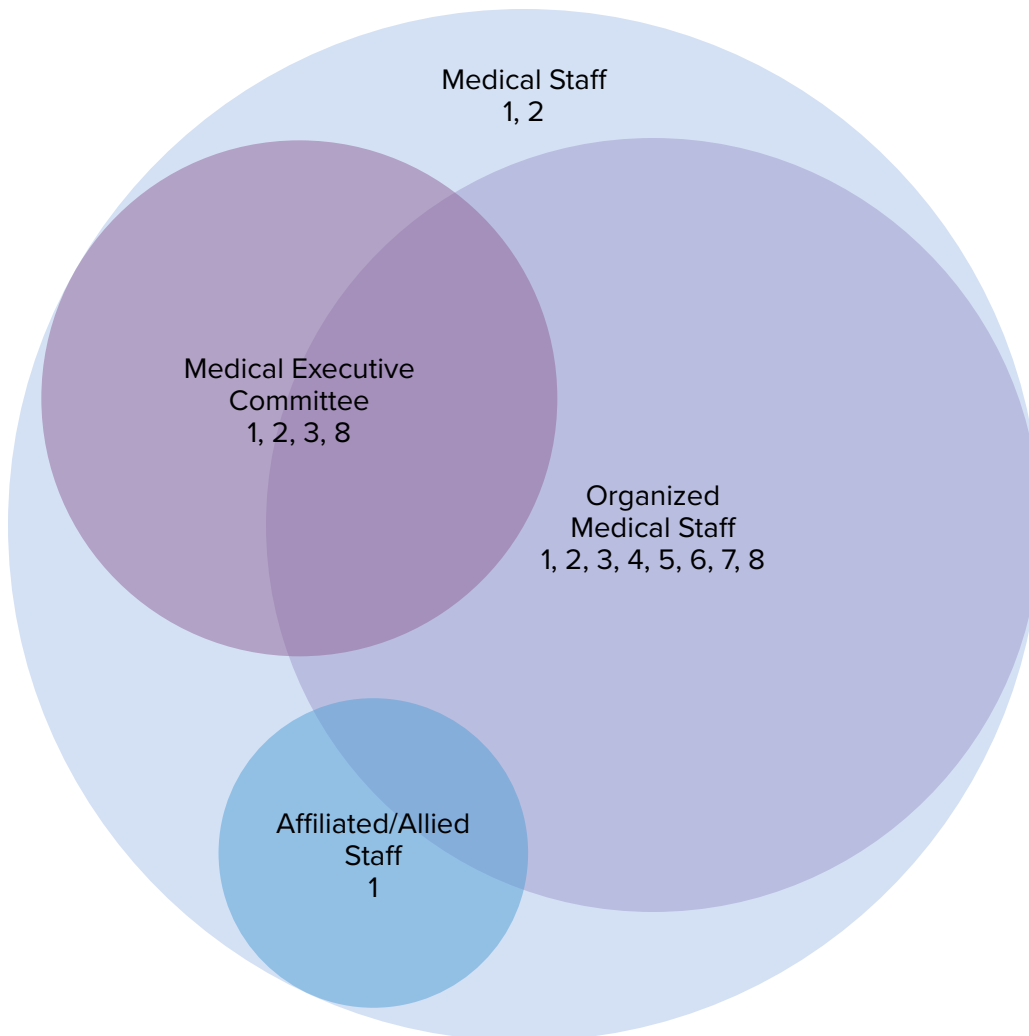
significance of these documents, the medical staff leaders should strive to ensure that the medical staff members understand the content and purpose of the medical staff bylaws and relevant rules and regulations and policies, and their adoption and amendment processes.

—from the Introduction for MS.01.01.01, *Comprehensive Accreditation Manual for Hospitals*

INSTRUCTIVE INFOGRAPHICS

Differences Among Medical Staff Bodies

Understanding some of the small differences that distinguish the medical staff bodies can make a big difference in your understanding of the MS standards. Knowing these differences also helps you understand the working relationships among these bodies in your organization. The diagram below helps clarify the difference and shows the relationships.



Difference Factors

1. Members have clinical privileges in the organization.
2. Members can diagnose and treat patients without clinical supervision.
3. Members are designated by appointment or the medical staff bylaws.
4. Members are doctors of medicine and osteopathy (and other practitioners per medical staff bylaws).
5. Members oversee clinical care and medical staff performance.
6. Members are required to participate in performance improvement.
7. Members develop the medical staff bylaws.
8. Members can vote to adopt and amend medical staff documents, with approval of the governing body.

INSTRUCTIVE INFOGRAPHICS

Development and Enforcement of the Bylaws

The first MS standard, MS.01.01.01, includes 37 elements of performance (EPs). No other Joint Commission standard has as many EPs. These EPs describe how the organized medical staff, the [medical executive committee \(MEC\)](#), and the governing body work together to do the following:

- Determine the content of the bylaws.
- Adopt and amend the bylaws (and related medical staff documents).
- Resolve any conflict during those processes

The chart below breaks down the first 11 EPs of MS.01.01.01 to show exactly who does what about what regarding those central tasks.

EP	Who	Does What	About What
1	Organized medical staff	develops	medical staff bylaws, rules and regulations , and policies
2	Organized medical staff	adopts and amends	medical staff bylaws
2	Organized medical staff	submits	adoptions and amendments of medical staff bylaws to the governing body for approval
2	Governing body	determines whether to approve	adoptions and amendments of medical staff bylaws , submitted by the organized medical staff
3	Organized medical staff	includes	all content named in EPs 12–37 in the medical staff bylaws
3	Organized medical staff	adopts	associated details of the medical staff bylaws
3	Organized medical staff	determines	where associated details , if any, related to the medical staff bylaws will reside—in the bylaws, in rules and regulations, or in policies.
3	Organized medical staff	decides	which associated details of the medical staff bylaws can be delegated to the medical executive committee
3	Organized medical staff	adopts	associated details of the medical staff bylaws residing in the bylaws
3	Organized medical staff	describes	basic steps of processes cited in EPs 12–37
3	Organized medical staff	submits	basic steps and any proposals related to processes cited in EPs 12–37 to the governing body
3	Governing body	determines whether to approve	basic steps and any proposals related to processes cited in EPs 12–37 submitted by the organized medical staff
4	Organized medical staff, governing body, and organization	ensures	compatibility of medical staff bylaws, rules and regulations , and policies with governing body bylaws, organization policies, and other laws and regulations
5	Medical staff	complies with	medical staff bylaws, rules and regulations , and policies
6	Organized medical staff	enforces	medical staff bylaws, rules and regulations , and policies through action
6	Organized medical staff	recommends	enforcement of medical staff bylaws, rules and regulations , and policies to the governing body

EP	Who	Does What	About What
7	Governing body	upholds	the medical staff bylaws, rules and regulations , and policies approved by the governing body
8	Organized medical staff	possesses	the ability to adopt or amend medical staff bylaws, rules and regulations , and policies and propose them directly to the governing body
9	Organized medical staff	communicates	proposals to adopt or amend a rule, regulation, or policy to the medical executive committee first
9	Medical executive committee	communicates	proposals to adopt or amend rules or regulations to the medical staff first (if the governing body has given approval for the organized medical staff to delegate authority over rules and regulations to the medical executive committee)
9	Medical executive committee	communicates	adoption or amendment of a policy to the medical staff (if the governing body has given approval for the organized medical staff to delegate authority over policies to the medical executive committee)
10	Organized medical staff	implements	a process to manage conflict between the medical staff and the medical executive committee on various issues, including those related to adopting or amending rules, regulations, and policies
11	Medical executive committee	provisionally adopts	an urgent amendment to rules and regulations without prior notification of the medical staff (if voting members of the organized medical staff delegate that authority to it)
11	Governing body	provisionally approves	an urgent amendment to rules and regulations without prior notification of the medical staff (if voting members of the organized medical staff delegate that authority to it)
11	Medical executive committee	immediately notifies	the medical staff about any provisionally approved urgent amendments
11	Medical staff	possesses	the opportunity to review the provisionally adopted amendment to rules and regulations (which will stand if there is no conflict between the organized medical staff and the medical executive committee)
11	Organized medical staff	implements	the process for resolving conflict between the medical staff and the medical executive committee (if there is conflict over the provisionally adopted amendment to rules and regulations)

INSTRUCTIVE INFOGRAPHICS

Types of Medical Staff Documents

As you learn about MS standards, you may see the terms *bylaws*, *rules and regulations*, and *policies* used to describe medical staff documents. Outside the standards, the term *bylaws* may be used to refer to all these documents. But within the standards, these terms can't be used interchangeably. The following chart clarifies some key differences among these types of documents—including whether The Joint Commission requires them.

Type	Purpose	Required?
Medical staff bylaws	<ul style="list-style-type: none"> Describe the rights, responsibilities, and accountabilities of the medical staff Explain the self-governance functions of the organized medical staff Specify how the organized medical staff works with and is accountable to the governing body 	Yes
Medical staff rules and regulations	<ul style="list-style-type: none"> Expand on provisions of the bylaws Usually address patient care issues across the organization Generally pertain to specific processes or circumstances Typically contain provisions about admissions, transfers, consultations, autopsies, and medical records 	No
Medical staff policies	<ul style="list-style-type: none"> Outline and describe basic administrative mechanisms of processes in the bylaws Generally pertain to non-patient care activities and related procedures May contain specific procedures for carrying out certain functions (appointment, reappointment, privileging, hearing and appeal procedures) May define mechanisms and procedures for dues, professional conduct, confidentiality, and delinquent medical records 	No

CONCISE CONCEPTS

Details in the Medical Staff Bylaws

Medical staff bylaws

should be written with enough detail

to guide the activities of the organization

yet be succinct and understandable.

PARTICULAR POINTS

Force and Flexibility of Medical Staff Documents

- If the adoption and amendment of medical staff rules, regulations, and policies go through the same process as medical staff bylaws, they have the same force and effect as the bylaws—even if they’re not referred to as bylaws.
- Rules, regulations, and policies provide greater detail than bylaws. Having the details in documents other than the bylaws document has two advantages:
 1. It prevents the medical staff bylaws document from being unwieldy, with many revisions and amendments.
 2. It allows for a potentially faster and less-involved revision and adoption process than for the bylaws, making these documents more flexible and responsive to changes.

Examples to *Examine*

Duties and Privileges of Medical Staff Categories

See [Appendix A, page 120](#), for an example of a statement on the duties and privileges related to each category of the medical staff. This is required if an organization is seeking deemed status, per MS.01.01.01, EP 15.



Conflict Management Checklists

Conflicts sometimes arise between the medical staff and the medical executive committee. Per MS.01.01.01, EPs 10 and 11, the organized medical staff has to manage those conflicts by following a defined process. The pair of checklists on [pages 189 and 190 in Appendix B](#), can help guide your organization in creating a conflict management policy and putting it to use.

Medical Staff Bylaws Evaluation Checklist

Within MS.01.01.01, the EPs 12–37 outline specific content that must be in the bylaws. The required content includes basic steps of many processes for governing medical staff—including credentialing and privileging and appointment to the medical staff. [Appendix B, page 191](#), presents a writable tool you can download for use in your organization to make sure your bylaws include all the specified; it also indicates content required for hospitals seeking deemed status.

PARTICULAR POINTS

Basic Steps and Associated Details of Processes

- The *basic steps* of processes identified in MS.01.01.01, EPs 12–37 must be in the bylaws. *Associated details* of the basic steps can be in the bylaws or in other medical staff documents. MS.01.01.01, EP 3 explains this.
- If a process mentioned in EPs 12–37 isn’t included in your bylaws, you’re noncompliant with EP 3. This is why it’s a frequently scored EP for MS.01.01.01 on surveys.

Medical Staff

ESSENTIALS

Your Go-To Guide

The Joint Commission's Medical Staff (MS) standards provide a detailed description of the medical staff's roles and responsibilities. But those standards are challenging to understand and apply. *Medical Staff Essentials* is a clear, concise, accurate reference that breaks down complex concepts in the MS standards into easy-to-digest pieces. It's designed to be your go-to guide on the essentials of the MS standards—and related concepts—to help you successfully select and manage your medical staff.

Key Topics

- Medical staff bylaws, rules and regulations, and policies
- Clinical credentialing and privileging
- Appointment and reappointment to the medical staff
- Practitioner competence assessment
- Professional practice evaluations (FPPE and OPPE)

Key Features

- Reader-friendly tone and engaging format
- Numerous infographics that clarify complex content

- Scenarios that show application of key information
- Example policies and other documents from actual hospitals
- Nearly two dozen downloadable, writeable tools (included on a flash drive in the print version or linked in the e-book)
- Medical Staff standards and related standards and terms

Settings: Hospitals and critical access hospitals

Key Audiences

- Accreditation team
- Credentialing committee
- Governing body
- Hospital administration
- Legal counsel
- Medical executive committee
- Medical staff and organized medical staff
- Medical staff services
- Performance improvement team
- Risk management team

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