Revisions to Hospital Medical Staff Standard MS.01.01.01

(formerly MS.1.20)

April 2010
Discussion Outline

- WHY is this standard being changed?
- HOW does this standard impact the quality and safety of patient care?
- WHAT requirements are changing?
- WHEN does this revised standard take effect?
- WHO should I contact with additional questions?
Why is MS.01.01.01 Being Revised?

- Hospitals and physicians generally did not support either the current standard or the revised version adopted by the Board of Commissioners in June 2007

- AHA (October 17, 2007): “We strongly urge that the standard be reconsidered...”
Concerns Expressed by Hospitals About the June 2007 Adopted Changes to MS.01.01.01

- Requiring too many details in the bylaws, as well as the cost and burden of changing the bylaws
- Disrupting relationships between the medical staff and governing body, especially in organizations where there is already good communication and collaboration
- Diminishing the role of the medical executive committee
- The Joint Commission believes revised standard MS.01.01.01 addresses these concerns
Background on Medical Staff Standard MS.01.01.01

- September 2001: External Task Force was established to review all standards in the Medical Staff chapter
- 2004: Resulting new MS.1.20 standard implemented after field review
- 2005: Following confusion as to the intent of the requirements of the new standard, began new field review of proposed revisions to MS.1.20
- June 2007: Board of Commissioners approved revised MS.1.20
- November 2007: Board suspended implementation of revised MS.1.20 based on further concerns expressed by accredited organizations
- December 2007: Board established 18-member external Task Force to review hospital concerns regarding implementation of the revised MS.1.20
Given the differing views regarding the construct of the medical staff standard related to bylaws…

A different approach to building consensus was needed
MS.01.01.01 Task Force Develops Consensus Recommendation

- January 2008: The Task Force held its first of 12 meetings
- January 2008 - March 2009: The Task Force conducted extensive review of standard MS.01.01.01 and developed revisions to the standard
- March 2009: The Task Force unanimously agreed on recommended revisions to standard MS.01.01.01
- Summer/Fall 2009: Professional organizations represented on the Task Force informally vetted the draft standard with their constituents – the results were positive
- August 2009: The ACP, ACS, ADA, AHA, AMA, FAH, and NAMSS signed a joint proclamation of support for the Task Force’s recommended revisions
- December 2009 - January 2010: The Joint Commission conducted a formal field review of the draft standard – results were overwhelmingly positive
Task Force Composition

The Task Force members represent the following:

- American College of Physicians
- American College of Surgeons
- American Dental Association
- American Hospital Association
- American Medical Association
- Federation of American Hospitals
- National Association Medical Staff Services
- Two hospital trustees selected by The Joint Commission
- Medical staff and hospital attorneys
Key Issues Addressed by Task Force

- What needs to appear in the medical staff bylaws and how such decisions are made
- The relationship between the organized medical staff and the medical executive committee
- How to foster a collaborative and positive relationship among the management, medical staff, and governing body
- How to manage conflict that may arise between the organized medical staff and the governing body, or between the organized medical staff and the medical executive committee, regarding medical staff bylaws, rules and regulations, and policies
- The definitions of terms that appear in the standard
How Does MS.01.01.01 Impact the Quality and Safety of Patient Care?

The revised standard is designed to support a well-functioning, positive relationship between a hospital’s medical staff and governing body, which is critical to the safety and quality of care provided to patients.

Standard MS.01.01.01 addresses the medical staff’s self-governance and accountability to the governing body for the quality and safety of patient care.
How Does MS.01.01.01 Impact the Quality and Safety of Patient Care?

- The standard recognizes that while a hospital’s governing body is ultimately responsible for the quality and safety of care, the governing body, medical staff, and administration must collaborate to achieve this goal.

- An important element in achieving this collaboration is a written set of documents, known as medical staff bylaws, rules and regulations, and policies that describe the medical staff’s organizational responsibilities and how the medical staff and governing body will work together.
How Does MS.01.01.01 Impact the Quality and Safety of Patient Care?

- Standard MS.01.01.01 underwent an extensive field review with accredited organizations, physicians, and others and provides the framework for constructing, writing, and implementing these bylaws

- The intent of these revisions is to help hospitals and medical staffs construct medical staff bylaws, rules and regulations, and policies that maintain the medical staff’s self-governance and enhance its collaboration with the hospital’s governing body, while optimizing the efficiency of maintaining the bylaws, rules and regulations, and policies
What Requirements are Changing?

**Issue #1 – What needs to be in medical staff bylaws or may reside in other documents?**

**EP 3 (CAH, HAP):** Every requirement set forth in Elements of Performance 12 through 36 is in the medical staff bylaws. These requirements may have associated details, some of which may be extensive; such details may reside in the medical staff bylaws, rules and regulations, or policies.

The organized medical staff adopts what constitutes the associated details, where they reside, and whether their adoption can be delegated. Adoption of associated details that reside in medical staff bylaws cannot be delegated.
What Requirements are Changing?

EP 3 (CAH, HAP) (cont’d.): For those Elements of Performance 12 through 36 that require a process, the medical staff bylaws include at a minimum the basic steps, as determined by the organized medical staff and approved by the governing body, required for implementation of the requirement. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the Leadership chapter for requirements regarding the governing body’s authority and conflict management processes.)

Note: If an organization is found to be out of compliance with this Element of Performance, the citation will occur at the appropriate Element(s) of Performance 12 through 36.
What Requirements are Changing?

**Issue #2** – A well-functioning relationship between the governing body and the medical staff fostered by collaboration and communication

**MS.01.01.01:** “The organized medical staff and the governing body collaborate in a well-functioning relationship reflecting clearly recognized roles, responsibilities, and accountabilities, to enhance the quality and safety of care, treatment, and services provided to patients. This collaborative relationship is critical to providing safe, high quality care in the hospital.”
What Requirements are Changing?

**Issue #3 – The role of the medical executive committee**

**MS.01.01.01:** “The medical executive committee plays a vital role in the relationship between the medical staff and the governing body.”

**EP 8 (HAP):** The organized medical staff has the ability to adopt medical staff bylaws, rules and regulations, and policies, and amendments thereto, and to propose them directly to the governing body.
What Requirements are Changing?

A separate but related standard (MS.02.01.01) defines – through 12 Elements of Performance – the structure and function of the medical executive committee.
What Requirements are Changing?

EP 9 (HAP): If the voting members of the organized medical staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they first communicate the proposal to the medical executive committee. If the medical executive committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the medical staff; when it adopts a policy or an amendment thereto, it communicates this to the medical staff.

This Element of Performance applies only when the organized medical staff, with the approval of the governing body, has delegated authority over such rules, regulations, or policies to the medical executive committee.
What Requirements are Changing?

EP 10 (HAP): The organized medical staff has a process which is implemented to manage conflict between the medical staff and the medical executive committee on issues including, but not limited to, proposals to adopt a rule, regulation, or policy or an amendment thereto.

Nothing in the foregoing is intended to prevent medical staff members from communicating with the governing body on a rule, regulation, or policy adopted by the organized medical staff or the medical executive committee. The governing body determines the method of communication.
What Requirements are Changing?

EP 11 (HAP): In cases of a documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, there is a process by which the medical executive committee, if delegated to do so by the voting members of the organized medical staff, may provisionally adopt and the governing body may provisionally approve an urgent amendment without prior notification of the medical staff.
What Requirements are Changing?

**EP 11 (HAP) (cont’d.):** In such cases, the medical staff will be immediately notified by the medical executive committee. The medical staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the organized medical staff and the medical executive committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the organized medical staff and the medical executive committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action.

*Note: Please see the Introduction to this standard for further discussion of the relationship of the voting members of the organized medical staff to the medical executive committee.*
Other New Elements of Performance for MS.01.01.01

The medical staff bylaws include the following requirements, in accordance with Element of Performance 3:

EP 17 (HAP): A description of those members of the medical staff who are eligible to vote.

EP 19 (HAP): A list of all the officer positions for the medical staff.

EP 24 (HAP): The process for adopting and amending the medical staff bylaws.

EP 25 (HAP): The process for adopting and amending the medical staff rules and regulations, and policies.
Other New Elements of Performance for MS.01.01.01

Added in 2010 to conform with CMS Conditions of Participation requirements:

EP 15 (CAH, HAP): A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy)

EP 16 (CAH, HAP): The requirements for completing and documenting medical histories and physical examinations.
When Does Revised Standard MS.01.01.01 Take Effect?

- The revised standard goes into effect on March 31, 2011
- Provides hospitals and their medical staff a year to come into compliance with the revised standard
- During this time, The Joint Commission will address any questions that may arise about the revised standard
Who Should I Contact with Questions About MS.01.01.01?

- Detailed information, including Frequently Asked Questions, about revised standard MS.01.01.01 is available on The Joint Commission Web site at www.jointcommission.org

- 2011 accreditation manuals for hospitals and critical access hospitals will be available in the fall of 2010

- The Standards Interpretation Group can be contacted through your Joint Commission Connect™ Extranet site, by telephone at (630) 792-5900, or via the Standards online question form at:
  http://www.jointcommission.org/Standards/OnlineQuestionForm/