

Prepublication Requirements

• Issued January 20, 2021 •



Revised Medical Staff (MS) Chapter Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2021

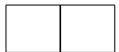
Medical Staff (MS) Chapter

MS.01.01.01

Medical staff bylaws address self-governance and accountability to the governing body.

Element(s) of Performance for MS.01.01.01

3. ~~Every requirement set forth in MS.01.01.01, Elements of Performance (EPs) 12–37, 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. For those EPs 12–37 that require a process, the medical staff bylaws include, at a minimum, the basic steps required for implementation of the requirement, as determined by the organized medical staff and approved by the governing body. The organized medical staff submits its proposals to the governing body for action. Proposals become effective only upon governing body approval. (See the “Leadership” [LD] 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 EP, the citation will occur at the appropriate element(s) of performance in MS.01.01.01, EPs 12–37.



MS.06.01.05

The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.

Element(s) of Performance for MS.06.01.05

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

11. Completed applications for privileges are acted on within the time period specified in the medical staff bylaws. □ □

11. **Completed applications for privileges are acted on within the time period specified in the medical staff bylaws, rules and regulations, or policies and procedures.** □ □

MS.13.01.01

For originating sites only: Licensed ~~independent~~ practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.

For originating sites only: Physicians or licensed practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.

Element(s) of Performance for MS.13.01.01

1. All licensed ~~independent~~ practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms: □ □

- The originating site fully privileges and credentials the practitioner according to Standards MS.06.01.03 through MS.06.01.13.
- Or
- The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.
- Or
- The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:
 - The distant site is a Joint Commission–accredited ~~hospital or ambulatory care~~ organization.
 - The practitioner is privileged at the distant site for those services to be provided at the originating site.
 - For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed ~~independent~~ practitioners’ privileges.
 - The originating site has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site licensed ~~independent~~ practitioner from patients, licensed ~~independent~~ practitioners, or staff at the originating site. This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law. (See also LD.04.03.09, EPs 4, 9, and 23)
 - The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.

1. All **physicians or licensed practitioners** who are responsible for the patient's care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:



- The originating site fully credentials and privileges the practitioner according to Standards MS.06.01.03 through MS.06.01.13.

Or

- The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission–accredited or a Medicare-participating organization. The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Or

- The originating site may choose to use the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:

- The distant site is a Joint Commission–accredited or a Medicare-participating organization.

- The practitioner is privileged at the distant site for those services to be provided at the originating site.

- For hospitals that use Joint Commission accreditation for deemed status purposes: The distant site provides the originating site with a current list of the physician's or licensed practitioner's privileges.

- The originating site has evidence of an internal review of the practitioner's performance of these privileges and sends to the distant site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided and complaints about the distant site physician or licensed practitioner from patients, physicians or licensed practitioners, or staff at the originating site. This occurs in a way consistent with any hospital policies or procedures intended to preserve any confidentiality or privilege of information established by applicable law. (See also LD.04.03.09, EPs 4, 9, and 23)

- The distant-site practitioner has a license that is issued or recognized by the state in which the patient is receiving telemedicine services.

Note 1: In the case of an accredited ambulatory care organization, the hospital must verify that the distant site made its decision using the process described in Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2 from MS.06.01.03). This is equivalent to meeting Standard HR.02.01.03 in the Comprehensive Accreditation Manual for Ambulatory Care.

Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: As indicated at LD.04.03.09, EP 23, the originating site makes certain that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4). For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A.