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# 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.



- **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

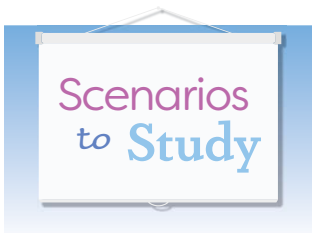
## FOCUS ON FAQs

## INSTRUCTIVE INFOGRAPHICS

## PARTICULAR POINTS



## SUCCESSFUL STRATEGIES



- **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.

## Acknowledgements

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.

Thanks also to The Joint Commission and JCR staff members who reviewed the manuscript of this edition and advised on its development.

Finally, our debt of gratitude is given to Lea Anne Stoughton and Laurel McCourt, MD, for their excellent job in updating this publication. Their efforts and skills are much appreciated.

# 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

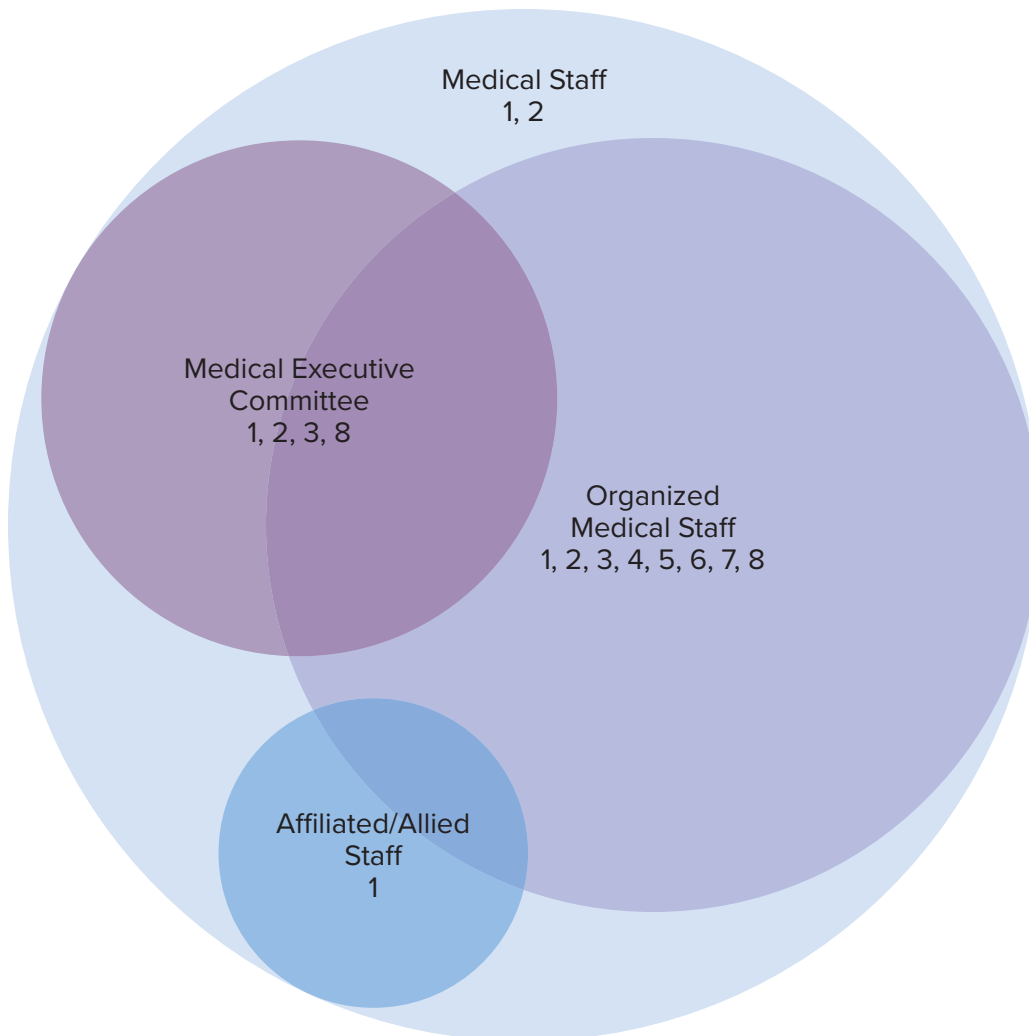
significance of these documents, the medical staff leaders should strive to ensure that the medical staff members understand the content and purpose of the medical staff bylaws and relevant rules and regulations and policies, and their adoption and amendment processes.

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

EP	Who	Does What	About What
7	Governing body	upholds	the medical staff <b>bylaws, rules and regulations</b> , and <b>policies</b> approved by the governing body
8	Organized medical staff	possesses	the ability to adopt or amend medical staff <b>bylaws, rules and regulations</b> , and <b>policies</b> and propose them directly to the governing body
9	Organized medical staff	communicates	proposals to adopt or amend a <b>rule, regulation, or policy</b> to the medical executive committee first
9	Medical executive committee	communicates	proposals to adopt or amend <b>rules or regulations</b> 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 <b>policies</b> 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 <b>rules, regulations, and policies</b>
11	Medical executive committee	provisionally adopts	an urgent amendment to <b>rules and regulations</b> 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 <b>rules and regulations</b> 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 <b>rules and regulations</b> (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 <b>rules and regulations</b> )

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