Proposed Standard MS.01.01.01 (formerly MS.1.20)

Introduction for Standard MS.01.01.01 (CAH, HAP)

The doctors of medicine and osteopathy and, in accordance with medical staff bylaws, other practitioners are organized into a self-governing medical staff that oversees the quality of care provided by all physicians and by other practitioners who are privileged through a medical staff process. 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. While the governing body is ultimately responsible for the quality and safety of care at the hospital, the governing body, medical staff, and administration collaborate to provide safe, quality care. (Please see the Leadership chapter for more discussion of the relationship among the organized medical staff, administration, and governing body.)

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.

Of the members of the organized medical staff, only those who are identified in the bylaws as having voting rights can vote to adopt and amend the medical staff bylaws. The voting members of the organized medical staff may include within the scope of responsibilities delegated to the medical executive committee the authority to adopt, on the behalf of the voting members of the organized medical staff, any details associated with Elements of Performance 12 through 36 that are placed in rules and regulations, or policies.

Note: Anything in this draft standard that is found to be in conflict with the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, and consequently could threaten The Joint Commission's deeming status, will be changed to align with the CMS requirements.

The medical executive committee plays a vital role in the relationship between the medical staff and the governing body. Medical staffs and governing bodies often rely on the medical executive committee to act expeditiously on urgent and other delegated matters that arise within the organization. The medical executive committee serves as a voice for the medical staff to communicate to the governing body, and is, therefore, accountable to the organized medical staff, regardless of how the medical executive committee members are selected. Because it plays this vital role, it is incumbent upon the medical executive committee to convey accurately to the governing body the views of the medical staff on all issues, including those relating to quality and safety. In order to fulfill this role, the medical executive committee seeks out the medical staff's views on all appropriate issues.

If conflict arises within the medical staff regarding medical staff bylaws, rules and regulations, or policies, it implements its process for managing internal conflict (see Element of Performance 10). If conflicts regarding the medical staff bylaws, rules and regulations, or policies arise between the governing body and the organized medical staff, the organization implements its conflict management processes, as set forth in the Leadership chapter.

Note: Please see the Glossary for definitions of terms used in this standard, including *medical staff, medical staff bylaws*, *organized medical staff*, *voting members of the organized medical staff,* and *medical staff rules and regulations and policies*.

Standard MS.01.01.01 (CAH, HAP)
Medical staff bylaws address self-governance and accountability to the governing body.

Elements of Performance for Standard MS.01.01.01
1. **(CAH, HAP)** The organized medical staff develops medical staff bylaws, rules and regulations, and policies.

2. **(CAH, HAP)** The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the Leadership chapter for requirements regarding the governing body's authority and conflict

management processes. See Element of Performance 17 for information on which medical staff members are eligible to vote.)

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. 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.

4. **(HAP)** The medical staff bylaws, rules and regulations, and policies, the governing body bylaws, and the hospital policies are compatible with each other and are compliant with law and regulation. (See also Standard MS.01.01.03 regarding unilateral amendment of the medical staff bylaws.)

5. **(CAH, HAP)** The medical staff complies with the medical staff bylaws, rules and regulations, and policies.

6. **(HAP)** The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances, and taking action in others.

7. **(CAH, HAP)** The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.

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.

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.

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.

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. 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: Anything in this draft standard that is found to be in conflict with the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, and consequently could threaten The Joint Commission's deeming status, will be changed to align with the CMS requirements.

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.

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

12. **(CAH, HAP)** The structure of the medical staff. (CMS CoP requirement)

13. **(CAH, HAP)** Qualifications for appointment to the medical staff. (CMS CoP requirement)

14. **(CAH, HAP)** The process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. (CMS CoP requirement)

15. **(CAH, HAP)** A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy). (CMS CoP requirement)

Note: The word "privileges" can be interpreted in several ways. The Joint Commission interprets it, solely for the purposes of this element of performance, to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. The Joint Commission is in discussion with CMS to clarify this term's meaning.

16. **(CAH, HAP)** The requirements for completing and documenting medical histories and physical examinations. The medical history and physical examination are completed and documented by a physician, an oralmaxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy. (CMS CoP requirement) (See also standard MS.03.01.01.)

Note: The requirements referred to in this element of performance are, at a minimum, those described in the element of performance and Standard PC.01.02.03, EPs 4 & 5.

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

18. **(HAP)** The process, as determined by the organized medical staff and approved by the governing body, by which the organized medical staff selects and/or elects and removes the medical staff officers.

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

20. **(HAP)** The medical executive committee's function, size, and composition, as determined by the organized medical staff and approved by the governing body; the authority delegated to the medical executive committee by the organized medical staff to act on the medical staff's behalf; and how such authority is delegated or removed. (See also Standard MS.02.01.01 regarding the medical executive committee.)

21. **(HAP)** The process, as determined by the organized medical staff and approved by the governing body, for selecting and/or electing and removing the medical executive committee members.

22. **(HAP)** That the medical executive committee includes physicians and may include other practitioners and any other individuals as determined by the organized medical staff.

23. **(HAP)** That the medical executive committee acts on the behalf of the medical staff between meetings of the organized medical staff, within the scope of its responsibilities as defined by the organized medical staff.

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

25. **(HAP)** The process for adopting and amending the medical staff rules and regulations, and policies.

26. **(CAH, HAP)** The process for credentialing and re-credentialing licensed independent practitioners, which may include the process for credentialing and re-credentialing other practitioners.

27. **(HAP)** The process for appointment and re-appointment to membership on the medical staff.

28. **(HAP)** Indications for automatic suspension of a practitioner's medical staff membership or clinical privileges.

29. **(HAP)** Indications for summary suspension of a practitioner's medical staff membership or clinical privileges.

30. **(HAP)** Indications for recommending termination or suspension of medical staff membership, and/or termination, suspension, or reduction of clinical privileges.

31. **(HAP)** The process for automatic suspension of a practitioner's medical staff membership or clinical privileges.

32. **HAP)** The process for summary suspension of a practitioner's medical staff membership or clinical privileges.

33. **(HAP)** The process for recommending termination or suspension of medical staff membership and/or termination, suspension, or reduction of clinical privileges.

34. **(HAP)** The fair hearing and appeal process (see also Standard MS.10.01.01 regarding the fair hearing and appeal process), which at a minimum shall include:

- The process for scheduling hearings and appeals
- The process for conducting hearings and appeals

35. **(HAP)** The composition of the fair hearing committee.

36. **(HAP)** If departments of the medical staff exist, the qualifications and roles and responsibilities of the department chair, which are defined by the organized medical staff and include the following:

Qualifications:

- Certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process.

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Roles and responsibilities:

- Clinically related activities of the department.
- Administratively related activities of the department, unless otherwise provided by the hospital.
- Continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges.
- Recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department.
- Recommending clinical privileges for each member of the department.
- Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the department or the organization.
- Integration of the department or service into the primary functions of the organization.
- Coordination and integration of interdepartmental and intradepartmental services.
- Development and implementation of policies and procedures that guide and support the provision of care, treatment, and services.
- Recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services.
- Determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services.
- Continuous assessment and improvement of the quality of care, treatment, and services.
- Maintenance of quality control programs, as appropriate.
- Orientation and continuing education of all persons in the department or service.
- Recommending space and other resources needed by the department or service.