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**Working Draft of Possible Replacement for  
Standard MS.01.01.01 (formerly MS.1.20)  
as of March 27, 2009**

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**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.

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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.

78 requirements regarding the governing body's authority and conflict  
79 management processes. See Element of Performance 17 for information on  
80 which medical staff members are eligible to vote.)  
81

82 3. **(CAH, HAP)** Every requirement set forth in Elements of Performance 12  
83 through 36 is in the medical staff bylaws. These requirements may have  
84 associated details, some of which may be extensive; such details may reside in  
85 the medical staff bylaws, rules and regulations, or policies. The organized  
86 medical staff adopts what constitutes the associated details, where they reside,  
87 and whether their adoption can be delegated. Adoption of associated details  
88 that reside in medical staff bylaws cannot be delegated. For those Elements of  
89 Performance 12 through 36 that require a process, the medical staff bylaws  
90 include at a minimum the basic steps, as determined by the organized medical  
91 staff and approved by the governing body, required for implementation of the  
92 requirement. The organized medical staff submits its proposals to the  
93 governing body for action. Proposals become effective only upon governing  
94 body approval. (See the Leadership chapter for requirements regarding the  
95 governing body's authority and conflict management processes.)  
96

97 **Note:** If an organization is found to be out of compliance with this Element of  
98 Performance, the citation will occur at the appropriate Element(s) of  
99 Performance 12 through 36.  
100

101 4. **(HAP)** The medical staff bylaws, rules and regulations, and policies, the  
102 governing body bylaws, and the hospital policies are compatible with each  
103 other and are compliant with law and regulation. (See also Standard  
104 MS.01.01.03 regarding unilateral amendment of the medical staff bylaws.)  
105

106 5. **(CAH, HAP)** The medical staff complies with the medical staff bylaws,  
107 rules and regulations, and policies.  
108

109 6. **(HAP)** The organized medical staff enforces the medical staff bylaws, rules  
110 and regulations, and policies by recommending action to the governing body in  
111 certain circumstances, and taking action in others.  
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113 7. **(CAH, HAP)** The governing body upholds the medical staff bylaws, rules  
114 and regulations, and policies that have been approved by the governing body.  
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**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.

154 **Note:** Please see the Introduction to this standard for further discussion of the  
155 relationship of the voting members of the organized medical staff to the  
156 medical executive committee.

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

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

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

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

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

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

180

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

186

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

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**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.

- 228 27. **(HAP)** The process for appointment and re-appointment to membership  
229 on the medical staff.  
230
- 231 28. **(HAP)** Indications for automatic suspension of a practitioner's medical  
232 staff membership or clinical privileges.  
233
- 234 29. **(HAP)** Indications for summary suspension of a practitioner's medical staff  
235 membership or clinical privileges.  
236
- 237 30. **(HAP)** Indications for recommending termination or suspension of  
238 medical staff membership, and/or termination, suspension, or reduction of  
239 clinical privileges.  
240
- 241 31. **(HAP)** The process for automatic suspension of a practitioner's medical  
242 staff membership or clinical privileges.  
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- 244 32. **(HAP)** The process for summary suspension of a practitioner's medical staff  
245 membership or clinical privileges.  
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- 247 33. **(HAP)** The process for recommending termination or suspension of  
248 medical staff membership and/or termination, suspension, or reduction of  
249 clinical privileges.  
250
- 251 34. **(HAP)** The fair hearing and appeal process (see also Standard MS.10.01.01  
252 regarding the fair hearing and appeal process), which at a minimum shall  
253 include:
- 254 • The process for scheduling hearings and appeals
  - 255 • The process for conducting hearings and appeals
  - 256
- 257 35. **(HAP)** The composition of the fair hearing committee.  
258
- 259 36. **(HAP)** If departments of the medical staff exist, the qualifications and roles  
260 and responsibilities of the department chair, which are defined by the organized  
261 medial staff and include the following:  
262
- 263 Qualifications:
- 264 • Certification by an appropriate specialty board or comparable  
265 competence affirmatively established through the credentialing process.

**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.

**Proposed Definitions**  
**(revised March 27, 2009)**

**Medical staff**

The group of all licensed independent practitioners and other practitioners privileged through the organized medical staff process that is subject to the medical staff bylaws. This group may include others, such as retired practitioners who no longer practice in the organization but who wish to continue their membership in the group, courtesy staff, scientific staff, etc. (See also *medical staff, organized*)

**Medical staff bylaws**

A document or group of documents adopted by the voting members of the organized medical staff and approved by the governing body that defines the rights, responsibilities, and accountabilities of the medical staff and various officers, persons, and groups within the structure of the organized medical staff; the self-governance functions of the organized medical staff; and the working relationship with and accountability to the governing body of the organized medical staff.

**Medical staff, organized**

A self-governing entity accountable to the governing body that operates under a set of bylaws, rules and regulations, and policies developed and adopted by the voting members of the organized medical staff and approved by the governing body. The organized medical staff is comprised of doctors of medicine and osteopathy, and, in accordance with the medical staff bylaws, may include other practitioners.

**Medical staff, voting members of the organized**

Those practitioners within the organized medical staff who have the right to vote on adopting and amending medical staff bylaws, rules and regulations, and policies. (See also *medical staff, organized*)

**Rules and regulations and policies of the medical staff**

As used in these standards, documents other than medical staff bylaws. When adopted by the organized medical staff and approved by the governing body, pursuant to the provisions of Standard MS.01.01.01, these documents have the force and effect of medical staff bylaws.